



euromacs

European Register for Mechanical
Circulatory Support e. V.

Membership Application Form

Please, mail to info@euromacs.org or fax to +49-30-4593-2100

Title		
Surname		
Forename(s)		
Date of birth		
Profession		
Home address	Street	
	Zipcode	
	City	
	Country	
Contact	E-mail address	
	Phone	
	Fax	
	Mobile	
Type of membership	As a private person <input type="checkbox"/>	
	For an institution ¹ <input type="checkbox"/>	
		Complete name and address of this institution:
Profession		
Current employer	Name	
	Department	
	Address	

By signing this form I agree to abide by the statute of the European Registry for Patients with Mechanical Circulatory Support Systems.

.....
Place, date

.....
Signature

¹ If your membership is intended for an institution, please attach the authorization of the administration department allowing you to represent this institution