



# Application for Membership of the European Association for Haematopathology

*(use typewriter or block letters only)*

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Surname: ..... First name: .....

Title: ..... M/F .....

Position: .....

Institute: .....

Department: .....

Address: .....

.....

.....

Country: .....

Tel: ..... Fax: .....

Email: .....

I am applying for full membership (EUR 45,- / year).

**Please return this application form, including your Curriculum  
Vitae to:**

**Mw. C. Arkes, secr. EAHP, Dr. Birgitta Sander  
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Netherlands Cancer Institute  
P.O. Box 90203  
1006 BE Amsterdam  
The Netherlands  
Phone: 31 20 512 6237 Fax: 31 20 512 2759  
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