Nordic Fertility Society Application Form

According to § 3 in the by-laws of the Nordic Fertility Society I hereby apply for membership in the society.

Personal particulars If additional application forms are needed, please copy
Please tick one box and circle one clarifying item.

☐	☐	☐	☐	☐	☐
Clinician Gynæcologist Urologist	Embryologist Chief Embryologist	Laboratory technician Chief technician	Nurse Coordinating nurse IVF nurse Ass..nurse	Secretary	Other ……

Please click apropriate box and circle applicable description : ☐ IVF-unit ☐ Human Reproduction Center

Head of department
Head of IVF Department
Head of Research Department
Laboratory Director
CEO
Sales manager

Nr of years in active IVF -work ☐

\

(**mandatory /** non-mandatory**)**

FAMILY NAME **TITLE FOR USE IN CORRESPONDENCE**

FIRST NAME AND INITIALS **DATE OF BIRTH** **dd/mm/ yy** **FORMAL EDUCATION/DEGREES**

CLINIC / DEPARTMENT

HOSPITAL / STREET ADRESS

ZIP CODE **CITY**

COUNTRY

WORK TELEPHONE including country and local code WORK TELEFAX

MOBILE TELEPHONE CLINIC HOME PAGE (www)

E-MAIL ADRESS please keep us updated

HOME TELEPHONE HOME TELEFAX

HOME ADRESS HOME ZIP CODE HOME CITY

I am aware of that my membership will be effective after receiving confirmation from the board the board of the society and after payment of the annual fee of 200 DKK upon invoice.

Date: Signature of Applicant:

Send application to
Susanne Detvang (secretary), Fertilitetsklinikken Trianglen, Lundevangsvej 12, 2900 Hellerup, Denmark