



## Application for ESSD membership

**First name**

**Last name**

**Organisation**

*Department*

**Type of organisation**

- Academic
- Governmental
- Independent research institute
- Treatment / prevention / drug service
- Other (please specify)

**Job title**

**Country**

**E-mail address**

*Secondary/private e-mail address*

This address will only be used to contact you in the event an important e-mail message is returned undelivered