



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



In becoming a member of the ESSD you agree for your relevant personal information to be used in accordance with the ESSD privacy statement. This includes the sharing of ESSD members' information with other members and conference attendees for the purposes set out in the privacy statement. Please refer to our privacy statement (<http://www.essd-research.eu/en/privacy.html>) for more information before submitting your membership application.