
Name of National Group/Society: _____

Address: _____

Webpage of the national group / society: _____

Structure of the national group/society:

President: _____

E-Mail: _____

General Secretary: _____

E-Mail: _____

Treasurer: _____

E-Mail: _____

Contact society administration:

Name: _____

Email: _____ Phone: _____

Representative within the ESNM Steering Committee:

Name: _____

Email: _____ Phone: _____

Number of members of the national group / society (min. 15): _____

Annual membership fee: _____

Benefits for members:

How often take elections of the the Executive Committee / Board of the national group/society place? Every _____ year.

Next elections will take place: _____

Short explanation of the organisational structure:

Member of other societies / groups / umbrella organisation dedicated to neurogastroenterology and/or motility:

Sponsors:

Mission of the national group / society:

Short description on the foundation and history of the national group / society:

ESNM Application Form National Group / Society

Why does the national group / society fit to ESNM? Why does ESNM need the national group / Society as affiliated society? What is the groups' / societies contribution to ESNM?

**Please e-mail or fax this form to the ESNM Secretariat
info@esnm.eu or +43 (0) 1 407 82 74**

Thank you very much!