
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:

Short description on the contribution to the field of neurogastroenterology and motility, as well as activities in the past (e.g. meetings, congresses, number of abstracts or posters during the last meetings etc.)

Educational / Scientific Events and Meetings:

Past: _____

Future: _____

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!