

Specialist Partner Society Application

|  |  |
| --- | --- |
| Society name |  |
| Date Society set up |  |
| Aims and objectives of Society |  |
| Number of members |  |
| Governing body (eg, Council, Executive Committee) inc number of members |  |
| **Activities** |
| Meetings - frequency, number of delegates |  |
| Newsletter – frequency |  |
| Website – URL |  |
| Other activities (please list) |  |
| Current President and term of office |  |
| Current Secretary and term of office |  |

Please also complete the website consent forms on the following pages and attach the constitution of your Society.

The data that you submit via this form will be used in order to record and process the application and to deliver services and products. Your data will be made available to ESE in order to approve your application and our association management company: Bioscientifica Ltd. The data that you submit via this form will be stored securely in accordance with ESE’s [Privacy Policy](https://www.ese-hormones.org/privacy-policy/) and will not be shared with any third parties unless you have opted in to receive industry news from the society’s sponsors. Your data will be fully accessible upon request and you can unsubscribe from the mailing list at any time.

Please confirm you have read and agree to the above privacy data policy.

|  |
| --- |
| Signature |
| Email address |
| Date of application |

Please return the completed application, together with the society’s constitution, by

post to: The Secretary, European Society of Endocrinology, Starling House, 1600 Bristol Parkway North, Bristol, BS34 8YU, UK

Or by email (info@euro-endo.org)



**WEBSITE CONSENT FORM**

|  |  |
| --- | --- |
| Name: |  |
| Position: | President |
| Address: |  |
| Tel: |  |
| Fax: |  |
| Email address: |  |
| Term of office expires: |  |

# I confirm that I give permission to have my details added to the ESE website and that the details listed above are correct:

Signature



**WEBSITE CONSENT FORM**

|  |  |
| --- | --- |
| Name: |  |
| Position: | Secretary |
| Address: |  |
| Tel: |  |
| Fax: |  |
| Email address: |  |
| Term of office expires: |  |

# I confirm that I give permission to have my details added to the ESE website and that the details listed above are correct:

Signature