

# EUBREAST APPLICATION FORM 2021-2022

Membership Application Form - Effective Members and Network Associates

**\* Required**

1. Email \*

THE EUBREAST NETWORK: EUBREAST e.V. (Germany) & EUBREAST ETS (Italy)



2. Type of Application Request: \*

*Mark only one oval.*

First time applicant

First time renewal

Renewal (I've already completed the online form) *Skip to question 39*

3. Please select your preferred membership type below: \*

**Mark only one oval.**

EUBREAST Association "Effective Member": You will become a full member of one of our two legally-recognized, non-profit associations - with voting rights and access to all Association/Network events and publications. You agree to pay a 50 euro annual membership fee upon acceptance.

EUBREAST Network "Network Associate": This enables you to become a part of our network and participate in most of our events, but you will not have voting rights.

*Skip to question 5*

Type of Application

4. I am applying as: \*

**Mark only one oval.**

an individual *Skip to question 5*

on behalf of an institution/Entity (Company details required below)

*Skip to question 21*

INDIVIDUAL/NATURAL PERSON

5. Title (Prof/Dr/Ms/Mr) \*

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6. First Name \*

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7. Last Name \*

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8. Telephone number (+ Country Code and Number) \*

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9. Street Address \*

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10. City \*

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11. Province or State \*

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12. Postal Code \*

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13. Country \*

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14. Position/Role (i.e. Breast Surgeon, Head of Breast Unit) \*

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15. Affiliation as you would like it to be known (example: Breast Unit, San Raffaele Hospital, Milan, Italy)

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16. Company Name

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17. Company Telephone Number

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18. Company Street Address

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19. Company Province or State

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20. Company Country

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*Skip to question 37*

INSTITUTION/ENTITY REPRESENTATIVE

21. Title (Prof/Dr/Ms/Mr) \*

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22. First Name \*

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23. Last Name \*

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24. Telephone number (+country code and number) \*

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25. Street Address \*

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26. City \*

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27. Province or State \*

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28. Postal Code \*

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29. Country \*

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30. Position/Role (i.e. Breast Surgeon, Head of Breast Unit) \*

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31. Affiliation as you would like it to appear on our website (Prof Mario Rossi, IEO, Milan, Italy)

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32. Company Name \*

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33. Company Telephone Number \*

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34. Company Street Address \*

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35. Province or state \*

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36. Country \*

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*Skip to question 37*

Conflicts of Interest

37. Conflicts of Interest - I hereby disclose any conflict(s) or potential conflict(s) of interest in regard to this application to become a Member of EUBREAST e.V. or EUBREAST (Italy) and/or part of the EUBREAST Network in general either as an Individual or as the Representative of the aforementioned Institution (please write NA if Not Applicable): \*

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38. Should any conflict(s) or potential conflict(s) of interest arise during my membership period, I/the Institution I represent agree to contact [info@eubreast.com](mailto:info@eubreast.com) immediately regarding the conflict(s) in question.

**Mark only one oval.**

I agree

CONFIDENTIALITY / GDPR

39. I declare that neither I, nor the Institution I represent herein, will use or disclose any critical information obtained through our membership to EUBREAST e.V. /EUBREAST (Italy) or to the EUBREAST Network until it has been officially published and/or approved by the EUBREAST (Italy)/EUBREAST e.V. Associations and/or the EUBREAST Network in general. This applies in particular to any information obtained in regard to the trials in progress.

*Mark only one oval.*

I agree

40. Should the Institution I represent/I have any doubts regarding the confidentiality of information obtained through our relationship with EUBREAST e.V. or EUBREAST (Italy) or through the EUBREAST Network in general, I declare that we/I will contact [info@eubreast.com](mailto:info@eubreast.com) prior to divulging or using any such information.

*Mark only one oval.*

I agree

41. I agree that the aforementioned data may be processed pursuant to the regulations specified on <https://www.eubreast.com/?Data-protection> and that, in particular, EUBREAST ETS/EUBREAST e.V./The EUBREAST Network can use the data found herein for the membership application process. Should I/my institute be accepted as a member, this data can also be used for internal communications such as EUBREAST mailings, event invitations, newsletters, surveys and related trials or study contacts.

*Mark only one oval.*

I consent

I do not consent



42. Should I/my institute become a member, I give permission to (check all that apply): \*

*Check all that apply.*

- Have my name published on the EUBREAST e.V./EUBREAST Italy/EUBREAST Network website or social media platforms
- Have my affiliation details published on the EUBREAST e.V./EUBREAST Italy/EUBREAST Network website or social media platforms
- Have the name of the Institution I represent published on the EUBREAST e.V./EUBREAST Italy/EUBREAST Network website or social media platforms
- None of the above

DATE, LOCATION AND SIGNATURE

43. \*

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*Example: January 7, 2019*

44. Location of signature (example: Milan, Italy or Esslingen, Germany) \*

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45. Signature/Full Name Printed \*

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46. I will send my CV and a list of relevant publications to [info@eubreast.com](mailto:info@eubreast.com) for my application approval \*

*Mark only one oval.*

- I agree to send these documents to [info@eubreast.com](mailto:info@eubreast.com) or [goldman@eubreast.com](mailto:goldman@eubreast.com)

47. If you are applying as an Effective Member, you can specify your association preference here:

*Mark only one oval.*

- NO PREFERENCE - the EUBREAST Network can decide
- EUBREAST ETS (Italy)
- EUBREAST e.V. (Germany)

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