

MEMBERSHIP APPLICATION FORM - 2025

To become a member fill in the form and return it <u>by email</u> to: EUSOMA – Viale Belfiore 10 – 50144 Firenze - Italy Tel.:+39/055/0988995 email: information@eusoma.org

DATE OF BITH)	
DEPT.	HOSPITAL	
ADDRESS		
TOWN	CODE	
PHONE FAX	EMA	
POSITION: RESIDENT JUNIOR ASSISTANT SENIOR ASSISTANT CONSULTANT HEAD OF DEPT. RETIRED		
 EPIDEMIOLOGY AND PREVENTION DETECTION & DIAGNOSIS SCREENING PSYCHOSOCIAL ONCOLOGY 	 RECONSTRUCTIVE SURGERY CLINICAL GENETICS SURGERY NURSING 	 MEDICAL ONCOLOGY PATHOLOGY RADIOTHERAPY DATA MANAGER
2025 * MEMBERSHIP FEE Only Membership = 50 EURO MEMBERSHIP AND JOURNAL EJC Print and online = 180 EURO EJC online only = 133 EURO * Individual subscription to Eusoma membership and journal is on annual basis (calendar year: beginning Jan. 1st and ending Dec. 31st) [1] If you wish to receive the Journal at a different address from that indicated above, please write below:		
ADDRESS		

According to the European Regulation 2016/679 (Personal Data Protection Code), I agree that Eusoma uses my personal data for purposes related to the Society's activities. Personal data and email address will be communicate from Eusoma to Elsevier Limited, for members who required subscription to The Breast and EJC as part of EUSOMA membership, as described in the information for Society's Members published in Eusoma website https://www.eusoma.org/en/Privacy/1-115-1-

COUNTRY

BANK TRANSFER :

TOWN

METHOD OF PAYMENT

EUSOMA: INTESA SAN PAOLO – FILIALE DI FIRENZE – VIA BUFALINI, 4 – 50122 FIRENZE – ITALY IBAN CODE: IT52 D030 6902 8871 0000 0002 279 SWIFT/BIC CODE: BCITITMM

CODE