

Please return this form via e-mail to [president@ecra-np.org](mailto:president@ecra-np.org)

For more information about ECRA, please consult the [Articles of Association](#).



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**Europäische CMT-Forschungsgesellschaft  
(European CMT Research Association, ECRA) e.V.**

**Membership application form**

|                          |                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>              |                                                                                                                                                              |
| <b>First name</b>        |                                                                                                                                                              |
| <b>title(s)</b>          |                                                                                                                                                              |
| <b>date of birth</b>     |                                                                                                                                                              |
| <b>skills, interests</b> |                                                                                                                                                              |
| <b>function(s)</b>       |                                                                                                                                                              |
| <b>affiliation</b>       |                                                                                                                                                              |
| <b>membership</b>        | <input type="checkbox"/> Normal <input type="checkbox"/> student/postdoc. <input type="checkbox"/> Patient organiz. <input type="checkbox"/> Industr.partner |
| <b>private address</b>   |                                                                                                                                                              |
| <b>email</b>             |                                                                                                                                                              |
| <b>telefone</b>          |                                                                                                                                                              |
| <b>other info</b>        |                                                                                                                                                              |

|                                                                                                                                                                                                                  |
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| (membership fees have been fixed by decision at the ECRA Founding Meeting at €60,00 per year / €30,00 for students and postdocs, please establish a standing order with payment by June, 30, every year latest). |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Date:

Your signature: