ESGO Membership
Trainee* / Fellow* / Resident* Declaration Form

To qualify for the discounted membership fee as a **Trainee, Fellow, or Resident**, please complete this form and upload it to the online application portal or send it by email to membership@esgo.org.

Full Name:

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I confirm that I am undergoing a training* / I am a fellow* / resident* in gynaecological oncology or a related sub-specialty from the period ..... to .....

Signature: Date:

For completion by the Head of Department or Training / Fellow / Resident Supervisor

I confirm the above particulars to be correct.

Institution:

Department:

Name:

Date:

Signature:

** Cross out where not applicable*

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