



**TO BE FILLED IN BY ANY SUPPORTER OF AN APPLICATION FOR
EKS JUNIOR MEMBERSHIP**

Name of the applicant you support: _____

Your name (the supporter): _____

- Primary supporter**
- Secondary supporter**

<u>To be filled in by the primary supporter:</u> I am an active EKS member and I only support this application as primary supporter (you can only be primary supporter for one applicant)	<input type="checkbox"/> I confirm
<u>To be filled in by the secondary sponsor:</u> I am an active EKS member and I do not act as secondary supporter for more than two applicants	<input type="checkbox"/> I confirm
I have reviewed the files and merits of the applicant and confirm that he/she fulfills the criteria to become an EKS member as listed below: The applicant is at least 1 year post residency training	<input type="checkbox"/> I confirm
I will be present at the next EKS Closed Meeting to support this application	<input type="checkbox"/> I confirm

This document must be sent to the EKS Secretariat before the deadline **together with your supporting letter in a separate pdf/word file**. Files must be sent to europankneesociety.secretariat@gmail.com
