

**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**

<p><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)</p>	<p><input type="checkbox"/> I confirm</p>
<p><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</p>	<p><input type="checkbox"/> I confirm</p>
<p>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:</p> <p>The applicant is at least 1 year post residency training</p>	<p><input type="checkbox"/> I confirm</p>
<p>I will be present at the next EKS Closed Meeting to support this application</p>	<p><input type="checkbox"/> I confirm</p>

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.membership@gmail.com
