



European Association of Thermology

<http://www.eurothermology.org>

MEMBERSHIP APPLICATION FORM

Required Information

Name: _____

Address: _____

E-mail: _____ Phone: _____ (with International code)

Birthdate: ___/___/_____ (dd/mm/yyyy) Nationality: _____

Academic Education:

BSc. or equivalent Subject _____

Awarding Institution _____ year: _____

MSc. or equivalent Subject _____

Awarding Institution _____ year: _____

Ph.D. or equivalent Subject _____

Awarding Institution _____ year: _____

I hereby acknowledge that by applying I consent to the use of my data for the purposes of EAT membership management.

Optional information

Did you publish research related to therapeutic and/or diagnostic use of thermal energy? If this is the case, please provide the bibliographic details.

Do you have professional experience with therapeutic and/or diagnostic use of thermal energy? If this is the case, please provide details of your experience.

(signature)

___/___/_____ (dd/mm/yyyy)
(date)

Please send a scan of this signed form to:

EAT General Secretary Adérito Seixas Email: aderito@ufp.edu.pt

EAT Treasurer Dr. Peter Plassmann Email: peter@plassmann.online

and eurothermology@gmail.com