

## Membership application form



Last name\*

First name\*

### Affiliation

Address\*

Country\*

City\*

Phone

Post-code\*

Fax

Academic position (e.g., Research assistant, Professor, Student of Psychology, etc.):\*

E-mail\*

### Research Interests\*

### EAPP members recommendation\*

Do you have two EAPP members who can recommend you with a letter?

yes

no

Member 1 – Last Name\*

Member 1 – First Name\*

Member 1 – Position\*

Member 1 – E-mail\*

Member 2 – Last Name\*

Member 2 – First Name\*

Member 2 – Position\*

Member 2 – E-mail\*

### No recommendation\*

If you do not have two EAPP members who can recommend you, please send us a short CV, including relevant publications and experiences. We will contact you again soon.

Send the completed form to the treasurer of the EAPP Dr. Dick Barelds, Department of Psychology, University of Groningen, Grote Kruisstraat 2/1, NL-9712 TS Groningen, The Netherlands

\* is a mandatory field.

If we need additional information or clarifications, we will contact you by e-mail.