Nomination of Young EAP member

I hereby nominate: ____________________________________________
(name)

of: ____________________________________________
(junior paediatric society, if applicable)

as member of Young EAP for a period of up to 3 years.

The (expected) date of qualification as paediatrician is: _____________
(month, year)

Nominated by: ____________________________________________
(name)

___________________________________________
(national paediatric society¹)

Date and signature: ____________________________________________

Nominations should be sent to the European Academy of Paediatrics (EAP) secretariat at secretariat@eapaediatrics.eu.

¹The national society should be a full or associate member of the EAP