



**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><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><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 [eks@medicongress.com](mailto:eks@medicongress.com)