## **Y-GRAPPA Membership Application Form**

Please fill in the form below and attach a current CV (including a list of publications) to your application.

For additional questions on the application process, please contact:

young.grappians@gmail.com

| Personal Details of the Applicant   |
|---|
| First Name / Family name  |
| Birth date (dd/mm/yyyy)   |
| Gender (female / male / divers)   |
| Country of residence  |
| Specialization (derm / rheum / other (please specifiy))   |
| Academic position (e.g. Professor, Staff doctor, Assistant Professor, fellow, PhD student, other)   |
| Email:  |
| Telephone number:   |
| Institution you work at / Academic affiliation  |
| Which Y-GRAPPA membership type are you applying for? Y-GRAPPA committee members are automatically also "regular Y-GRAPPiAns"  |
| ☐ member of Y-GRAPPA  |
| (included in the mailing list to get all information on activities/projects; attending the Y-GRAPPA meetings adjacent to the annual meeting; voting right on the Y-GRAPPA leadership) |
| ☐ Y-GRAPPA committee member   |
| (actively contribute to shape the structure of Y-GRAPPA)  |



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| Motivation to become a Y-GRAPPiAn:  |
|---|
| Why do you want to be involved in Y-GRAPPA and what do you envision for Y-GRAPPA? |
| (less then 300 words)   |
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