**

**EASL Gift Membership – Form**

**From:**

|  |  |
| --- | --- |
| Title: | Click or tap here to enter text. |
| First name: | Click or tap here to enter text. |
| Last name: | Click or tap here to enter text. |
| e-mail address:  | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |

**To:**

|  |  |
| --- | --- |
| Title: | Click or tap here to enter text. |
| First name: | Click or tap here to enter text. |
| Last name: | Click or tap here to enter text. |
| e-mail address:  | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |

**For:**

Please select the membership category.

|  |
| --- |
| Regular (EUR 250) |[ ]
| Corresponding (EUR 250) |[ ]
| Trainee & Postdoc (EUR 50) |[ ]
| Emeritus (EUR 25) |[ ]
| Nurses (EUR 25) |[ ]
| Patients (EUR 25) |[ ]
| Allied Health Professionals (EUR 25) |[ ]
| Emerging economies (EUR 25) |[ ]

|  |
| --- |
| Extra option: subscription to printed copy of JHEP (EUR 100) |[ ]

**Starting date:**

|  |
| --- |
| As of day of payment |[ ]
| As of ending date of the current membership |[ ]
| Other, please specify when:Click or tap here to enter text. |[ ]

More information about the membership categories can be found here: <https://easl.eu/join-the-community/>

**Optional: Personalised gift message – (150 characters max):**

|  |
| --- |
| Click or tap here to enter text. |

**Payment option:**

|  |
| --- |
| **Credit Card\*** |[ ]
| **Bank Transfer\*\*** |[ ]

**\* Please complete the dedicated Authorisation Form**

**\*\* An invoice will be sent to you - PLEASE MAKE SURE TO ENTER ALL THE REQUIRED DETAILS WHEN PROCEEDING WITH THE TRANSFER**

**Select the design of the Gift Membership Card**

|  |  |
| --- | --- |
| **Graphical user interface  Description automatically generated** | [ ]  |
| **Graphical user interface, application  Description automatically generated with medium confidence** | [ ]  |
| **A picture containing graphical user interface  Description automatically generated** | [ ]  |