

# Certificate Member in training Membership 2018



Please return to the EVER Office: ever@ever.be or fax +32 16 234 097

**Attention:**

This certificate is requested if you pay your **MEMBERSHIP** as MEMBER IN TRAINING

Institution \_\_\_\_\_

Department \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

I, \_\_\_\_\_ Head of the Department,

certify that (name member in training) \_\_\_\_\_

email (of member in training) \_\_\_\_\_

is working as Member in training (\*) in the above mentioned institution.

(\*) MEMBER IN TRAINING: PhD trainee, ophthalmology trainee and less than 35 years old.  
Members in training can benefit from a reduced membership fee for a maximum of five consecutive years.

Signature (Head of Department) \_\_\_\_\_

Date \_\_\_\_\_