



Nomination form for EFPC Advisory Board membership

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Name:

Profession:

Country:

Affiliation(s):

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I endorse the constitution of the European Forum for Primary Care Association and I am willing to take up a membership of the EFPC Advisory Board for the period of 3 years. I confirm to be a paying member of the EFPC.

Date:

Signature:

Compulsory CV as annex to this nomination form.