



Application for membership in the World Association for Stress Related and Anxiety Disorders (WASAD e.V.)

Name, First Name, Title

Address and Affiliation

Telephone

Fax

Email

- I am a qualified medical doctor (M.D.)
- I am a graduate scientist or doctor of Natural Sciences
- I am a graduated psychologist or Doctor of Psychology

As guarantors of my application, please specify two WASAD members, who are willing to support your application:

1. _____

2. _____

Date

Signature

As additional requirement for regular membership, please also enclose:

1. A current curriculum (showing your professional activities in the field of stress-related or anxiety disorders)
2. A list of publications (with at least 2 relevant contributions in the field of stress-related or anxiety disorders).