

Membership application form



Last name*

First name*

Affiliation

Address*

Country*

City*

Phone

Post-code*

Fax

Academic position (e.g., Research assistant,
Professor):*

E-mail*

Research Interests*

EAPP members recommendation*

Do you have two EAPP members who can recommend you with a letter?

yes

no

Member 1 – Last Name*

Member 1 – First Name*

Member 1 – Position*

Member 1 – E-mail*

Member 2 – Last Name*

Member 2 – First Name*

Member 2 – Position*

Member 2 – E-mail*

No recommendation*

If you do not have two EAPP members who can recommend you, please send us a short CV, including relevant publications and experiences. We will contact you again soon.

Send the completed form to the secretary of the EAPP Dr. Fritz Ostendorf, Fakultät für Psychologie, Universität Bielefeld, Postfach 100131, 33501 Bielefeld

* is a mandatory field.

If we need additional information or clarifications, we will contact you by e-mail.