# European Tuberculosis Laboratory Initiative (ELI)

## Membership Application Form

<table>
<thead>
<tr>
<th>Name and title:</th>
<th>Dr / Prof / Mr / Ms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Institute:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

**Please indicate as applicable:**

- National tuberculosis reference laboratory
- Supranational tuberculosis reference laboratory
- Other tuberculosis laboratory
- Other, please specify: ________________________________

**Comments and suggestions:**

____________________________________________________________________
____________________________________________________________________

I have read and agreed to the scope and purpose of ELI and requirements for ELI membership. I shall be responsible for informing the ELI secretariat if my contact details change.

Signature: ___________________________ Date: ___________________________

**Please return this form to:**

Name: Dr Soudeh Ehsani  
Programme: Joint Tuberculosis, HIV/AIDS and Hepatitis Programme (JTH)  
Address: World Health Organization Regional Office for Europe  
          UN City, Marmovej 54, DK-2100 Copenhagen Ø, Denmark  
E-mail: seh@euro.who.int  
Telephone: +45 45 33 69 93  
Fax: +45 45 33 70 01