



(Name and address of applicant:)

ESR Personal ID: _____

To: European Board of Radiology (EBR)
diploma@myebr.org

Date: _____

Proof of Membership

This is to certify that

(Title:) _____ (First Name:) _____ (Last Name:) _____

is a member of the national radiological society of _____ (Country).

Name and address of the society:

Street _____

Zip Code _____ City _____ Country _____

Official stamp of society:

Name and function of undersigned in block letters
(Authorized representative of society)

Signature of authorized representative