



## Membership Application Form

### Member:

Name and Surname: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

### Legal representative of the member (Parent, Guardian etc.)

(In case the member is not an adult)

Name and Surname: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

I hereby sign up for the ENGAGE TEENs project. The main aims of the project are prevention of HPV, including cervical cancer and other HPV related cancers, influencing and acquisition of more teens to be vaccinated with the HPV vaccine. I understand that this is a very sensitive topic that could cause negative reactions from other people. I understand that ENGAGE Teens is a project within ENGAGE that will be distributed globally. The project is provided by European Society of Gynaecological Oncology (ESGO), Registered Office: c/o Kenes International, rue François-Versonnex 7, P. O. BOX 6053, CH-1207 Genève, Switzerland, Co. Reg. No.: CHE-113.573.524.

I declare that I have read the **Project guidelines** which are attached to this application form. I undertake to respect the rights and obligations set out in the Project guidelines.

I declare that the information provided is true and current. I declare that I have read the information about the processing of my personal data, which is available in the Project guidelines.

I agree with usage of my portraits or recordings, pictures and speeches (its capturing and publication) for the purposes of the project. They may be used within posts, videos, conferences of ENGAGE TEENS, etc.

**The questionnaire**

How did you find out about ENGAGE TEENS?

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Why do you want to be involved in ENGAGE TEENS?

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Do you have any ideas or suggestions for ENGAGE TEENS?

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**Date:** \_\_\_\_\_

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**Member's signature**

**Consent of member's legal representative (Parent, Guardian etc.)**

(In case the member is not an adult)

I agree that my son/daughter will be an active member of ENGAGE TEENS under the conditions set out above.

**Date:** \_\_\_\_\_

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**Legal representative's signature**