Statement of Acceptance

 **DATE**

To European Medical Students’ Association Executive Board,

As the founder Local Coordinators of our New EMSA Faculty Member Organization, **EMSA** **XXX (edit)** we confirm that we have read and accept all the terms of EMSA Internal Rules and Statutes.

**Local Coordinator 1 Full Name Local Coordinator 2 Full Name**

**Signature of LC1** **Signature of LC2**