European Neurological Society

Please send the completed form to:
European Neurological Society
Association House, PO Box, 4002 Basel/Switzerland
Tel: +41 61 691 51 11 · Fax: +41 686 77 88 · Email: info@ensinfo.org

ENS MEMBERSHIP APPLICATION FORM 2010

Title:	Surname :
First name:	Institution:
Department:	Street:
City:	Postal code:
State:/Province:	Country:
Phone:	Fax:
Email:	Date of birth:

MEMBERSHIP:

ENS membership is valid for the calendar year. The annual fee is 140 Euro. Members younger than 35 years on the 1st January of the membership year pay 100 Euro. Members of the AAN who join the ENS receive a 25% reduction on the ENS membership fee. Membership can be terminated in writing 1 month prior to the end of the term, otherwise it is prolonged by one year.

☐ I am a member of the AAN

QUALIFICATIONS:

Members may be elected among clinicians and scientists whose interest is directed towards practice, teaching or research in Neurology and cognate fields.
Please list one or more areas of your current clinical or research interest(s):

……

I am interested in joining the following Subcommittee(s): ……..

BENEFITS:

✓	Scientific information:	Subscription to the Journal of Neurology
✓	Professional information:	ENS electronic newsletter informing about educational activities, Subcommittees and professional issues across Europe
✓	Lower fees at:	ENS meetings
✓	Eligibility for:	ENS Fellowships and grants
✓	Participation in:	Election and the Assembly of members

PAYMENT:

The total amount will be paid as follows:

☐ Bank transfer to UBS Zurich: Account N°: IQ117289.0, Account name: Membership fee, BIC Code: UBSWCHZH80A, IBAN: CH31 2292 IQ11 7289 0

☐ Credit card:

Card number __|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Expiry date __|__|__|__|
CVV2 __|__|__| of Visa/Mastercard CVV2 __|__|__|__| of Amex
(last 3 digits on the signature field) *(last 4 digits on the signature field)*

Date: ..... Signature: .....