

International Society for Sexual Medicine



APPLICATION FORM - ISSM MEMBERSHIP 2008

..... Prof. / Dr. / Mr. / Mrs.
 Family Name First Name + Initials (please circle)

I would like to receive mail to my Home- or Institute address (please circle)

Institution Address	Home Address
<u>Institution</u>	
<u>Department</u>	
<u>Street</u>	<u>Street</u>
<u>City</u>	<u>City</u>
<u>Postal Code</u>	<u>Postal Code</u>
<u>Country</u>	<u>Country</u>
<u>Telephone</u>	<u>Telephone</u>
<u>Fax</u>	<u>Fax</u>
<u>Email</u>	<u>Email</u>

I am: UROLOGIST OB/GYN ANDROLOGIST PSYCHIATRIST RADIOLOGIST OTHER:

Percentage of professional activity devoted to sexuality and impotence research %

Names and email- addresses of 2 (two) members of ISSM endorsing your moral and professional standard

1: 2:

Professional degree:

Main publications:

Please attach a copy of your CV

Your application will be reviewed by the board of the ISSM

The 2007 membership includes a subscription to the Journal of Sexual Medicine.

PAYMENT: Please tick: Conversion USD / EUR: based on daily exchange rates.

- Full Membership 2008 EURO 110,00 + 20 Euro late renewal
- Trainee Membership 2008 EURO 65,00 (provide a letter of verification from your professor or mentor).
- Voluntary donation Adrian Zorogniotti Fund EURO (minimum: EURO 50,00).

CARD HOLDER'S INFORMATION

Name Cardholder: _____
 City: _____ Country: _____

I hereby authorise the ISSM Executive Office to debit my creditcard for the Grand Total amount indicated above.

Credit Card Visa Eurocard / MasterCard American Express

Card Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Expiry Date:

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 Validation Code (CVC) VISA and Eurocard/Mastercard:

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 last 3 digits on signature strip (reverse side of the card).

Signature Cardholder _____ Date: _____ 2008

Payment by wire-transfer for total amount of EUR into bankaccount number 40.43.97.077 with ABN-AMRO Bank, Zeist, The Netherlands. Please indicate "ISSM".
 Swift code (BIC): ABNANL2A
 IBAN: NL04ABNA0404397077

Return this form by FAX or MAIL to: ISSM Executive Office
 PO Box 97 – 3950 AB MAARN – The Netherlands
 Fax: +31- 343 - 442 043