

International Society for Sexual Medicine

APPLICATION FORM - ISSM MEMBERSHIP 2011



.....
Family Name

.....
First Name + Initials

Prof. / Dr. / Mr. / Mrs.
(please circle)

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

Institution Address

Home Address

<u>Institution</u>	<u>Street</u>
<u>Department</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>Cell</u>
<u>Fax</u>	<u>Fax</u>
<u>Email</u>	<u>Email</u>

Percentage of professional activity devoted to sexual medicine: %
 Professional degree:
 Medical specialty:
 Main publications:

Please attach a copy of your CV. Your application will be reviewed by the board of the ISSM.

MEMBERSHIP

The 2011 membership includes a subscription to the Journal of Sexual Medicine (JSM, 12 issues a year).

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

- Active (Full) Membership Category A * EURO 130,00
 - Active (Full) Membership Category B * EURO 95,00
 - Active (Full) Membership Category C * EURO 35,00
 - Voluntary donation Adrian Zorogniotti Fund EURO (minimum: EURO 50,00)
- ±
- TOTAL EURO**

* The ISSM Membership fees are divided in three categories which are based on the World Bank Country Classification. More information about the World Bank Country Classification is available on the ISSM Website.

PAYMENT

I hereby authorise the ISSM Executive Office to debit my credit card for the TOTAL amount indicated above.

CARD HOLDERS INFORMATION

Name Cardholder:

City: Country:

Credit Card: Visa MasterCard American Express

Card Nr.:

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) *:

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* Visa/MasterCard: last 3 digits after the credit card number in the signature area of the card. AmEx: 4 digits above the credit card nr. on either the right or the left side of your credit card.

Signature Cardholder Date: / /

I will pay the TOTAL amount indicated above by wire transfer

Bank details: Account nr. 40.43.97.077 with ABN-AMRO Bank, Zeist, The Netherlands. Please indicate "ISSM".
 Bank Identification Code (BIC) / Swift code: ABNANL2A. IBAN: NL04ABNA0404397077

⇒ Return this form by FAX or MAIL to: **ISSM Executive Office**
PO Box 94 – 1520 AB Wormerveer – The Netherlands
Fax: +31- 75 647 63 71