

International Society for Sexual Medicine

APPLICATION FORM - ISSM MEMBERSHIP 2010



.....
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

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

Home Address

<u>Street</u>
<u>City</u>
<u>Postal Code</u>
<u>Country</u>
<u>Telephone</u>
<u>Cell</u>
<u>Fax</u>
<u>Email</u>

I would like to receive the Newsbulletin by: e-mail regular mail

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 2010 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 2010

EURO 130,00

Voluntary donation Adrian Zorogniotti Fund

EURO (minimum: EURO 50,00).

.....
+

TOTAL

EURO

PAYMENT

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

CARD HOLDER'S INFORMATION

Name Cardholder:

City: Country:

Credit Card: Visa Eurocard / 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