ISHR EUROPEAN SECTION
MEMBERSHIP APPLICATION & SUBSCRIPTION FORM

Please complete this form legibly (type or print) and post or e-mail to the Secretary

Professor Barbara McDermott
Queens University Belfast
Centre for Vision & Vascular Science
Grosvenor Road
Belfast BT12 6BA, Northern Ireland, UK Email:
b.mcdermott@qub.ac.uk

Do not use this form if your membership is paid through a national society or subsection

Name_____

Title Prof / Dr / Mr / Mrs / Miss / Ms (delete as appropriate)

Department _____

Institution _____

Address _____

City, Postcode, Country _____

Tel _____
(remember to include country dial code)

E-mail _____

4 keywords describing areas of research interest

_____

Subscription rates apply for the calendar year (January to December) or any part thereof. Regular members may pay up to three years in advance: please indicate year(s) with underscore.

1. □ **Renewal** or □ **New Application** **Year(s)** 2011 2012 2013

2. Class of membership:

Regular ☐ 60 Euro (1 year) ☐ 105 Euro (2 years) ☐ 150 Euro (3 years)

Student, Retired, Central/Eastern Europe ☐ 30 Euro (1 year)

Name of student's supervisor_____

3. Method of payment. Please choose one option.

❑ I enclose a copy of my Banker's order for automatic transfer to "ISHR European Section" account
Barclay's Bank PLC, 128 Moorgate, London EC2M 6SX, UK
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Account number: 30024600 **IBAN:** GB95 BARC 20320630024600 **SWIFTBIC:** BARCGB22
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Card verification code (last three digits on signature panel)

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