

ISHR EUROPEAN SECTION MEMBERSHIP APPLICATION & SUBSCRIPTION FORM

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

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Email: b.mcdermott@qub.ac.uk

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

Name _____

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

Department _____

Institution _____

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(remember to include country dial code)

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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.

1. **Renewal** or **New Application for year(s)..... please state)**

2. **Class of membership. Please tick one box.**

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Student, Retired, Central/Eastern Europe 20 Euro (1 year)

Name of student's Supervisor _____

3. **Method of payment. Please choose one option.**

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