



MEMBERSHIP APPLICATION FORM

(please read important instructions overleaf)

**ON-LINE APPLICATION
AVAILABLE AT
WWW.ESHRE.COM**

Member details (please complete clearly and legibly - capital letters only!)

Name: _____ First name: _____

Dr Prof Prof Dr Mr Mrs Ms

Male Female

CLINICIAN SCIENTIST NURSE LAB TECHNICIAN OTHER: _____

Please complete both professional and private address details:

Professional address

Institute / Company: _____

Department: _____

Street: _____

City: _____ State: _____ ZIP: _____

Country: _____

Telephone: _____ (country number + area code + number)

Fax: _____ (country number + area code + number)

e-mail: _____

Private address

Street: _____

City: _____ State: _____ ZIP: _____

Country: _____

Telephone: _____ (country number + area code + number)

Fax: _____ (country number + area code + number)

e-mail: _____

Please send mail to my professional address private address

Special Interest Groups (please indicate your special interest)

Please indicate your **PRIMARY INTEREST (INDICATE ONE ONLY!)**

- | | | |
|--|---|--|
| <input type="checkbox"/> andrology | <input type="checkbox"/> ethics & law | <input type="checkbox"/> reproductive surgery |
| <input type="checkbox"/> early pregnancy | <input type="checkbox"/> psychology and counselling | <input type="checkbox"/> safety and quality in ART |
| <input type="checkbox"/> embryology | <input type="checkbox"/> reproductive endocrinology | <input type="checkbox"/> stem cells |
| <input type="checkbox"/> endometriosis | <input type="checkbox"/> reproductive genetics | |

Please indicate your **SECONDARY INTEREST (INDICATE ONE ONLY!)**

- | | | |
|--|---|--|
| <input type="checkbox"/> andrology | <input type="checkbox"/> ethics & law | <input type="checkbox"/> reproductive surgery |
| <input type="checkbox"/> early pregnancy | <input type="checkbox"/> psychology and counselling | <input type="checkbox"/> safety and quality in ART |
| <input type="checkbox"/> embryology | <input type="checkbox"/> reproductive endocrinology | <input type="checkbox"/> stem cells |
| <input type="checkbox"/> endometriosis | <input type="checkbox"/> reproductive genetics | |

(continued overleaf)

Membership category

Undersigned, hereby wishes to apply for **1 YEAR**
(please check appropriate box)

Undersigned, hereby wishes to apply for **3 YEARS**
(please check appropriate box)

<input type="checkbox"/> Ordinary member	60.- EURO	<input type="checkbox"/> Ordinary member	180.- EURO
<input type="checkbox"/> Student member*	30.- EURO	<input type="checkbox"/> not applicable	
<input type="checkbox"/> Paramedical member*	30.- EURO	<input type="checkbox"/> Paramedical member*	90.- EURO

The above mentioned membership categories all include: reduced subscription to all ESHRE journals (see also below), the Society newsletter "Focus on Reproduction" (2 issues per year), reduction in registration costs for all ESHRE activities including the Annual Meeting, regular information on all ESHRE activities in the form of brochures and leaflets, active participation in the Society's policy-making by admission to the Annual General Assembly of Members.

* Student membership applies to undergraduate, graduate and medical students, residents and post-doctoral research trainees. Paramedical membership applies to support personnel working in a routine environment such as nurses and laboratory technicians. Both Student and Paramedical membership applicants must prove their status by means of an accompanying letter from the Head of their Department.

Method of payment

<input type="checkbox"/> Credit card:	Card owner's name: _____	
<input type="checkbox"/> American Express	<input type="checkbox"/> Euro/Mastercard	<input type="checkbox"/> Visa
Card number: _____	Expiry date: _____ (month) / _____ (year)	
<input type="checkbox"/> Bank transfer to DEXIA Private Banking, PA 10 5, Pachecolaan 44, 1000 Brussels, Belgium SWIFT (BIC) CODE: GKCCBEBB / ESHRE International account n°(IBAN): BE61 5522 5209 02 17 (national account n°: 552—2520902—17) (Please quote your full name with every bank transfer)		
Date: _____	Signature: _____	

Journal subscriptions

ONLY members can subscribe to reduced membership subscription fees. Prices for 2010 are as follows:

Human Reproduction	156 £ (234 Euro) = print subscription that includes online access
Human Reproduction (online only!)	127 £ (191 Euro)
Human Reproduction Update	116 £ (174 Euro) = print subscription that includes online access
Human Reproduction Update (online only!)	99 £ (147 Euro)
Molecular Human Reproduction	116 £ (174 Euro) = print subscription that includes online access
Molecular Human Reproduction (online only!)	99 £ (147 Euro)

Subscription to the above mentioned journals is optional. **PLEASE CONTACT OXFORD UNIVERSITY PRESS FOR FURTHER DETAILS ON SUBSCRIPTION FORMALITIES:** Oxford University Press, Journals Customer Service Department, Great Clarendon Street, Oxford OX2 6DP, U.K. E-mail: jnls.cust.serv@oxfordjournals.org
Tel (and answerphone outside normal working hours): +44 (0)1865 353907 - Fax: +44 (0)1865 353485
In the US, please contact: Oxford University Press, Journals Customer Service Department, Evans Road, Cary, NC 27513, USA. E-mail: jnlorders@oxfordjournals.org - Tel: 800-852-7323 (toll-free in USA/Canada) - Fax: 919 677 1714
In Japan, please contact: Oxford University Press, Journals Customer Service Department, 1-1-17-5F, Mukogaoka, Bunkyo-ku, Tokyo, 113-0023, Japan. E-mail: oupjnl@po.ijnet.or.jp - Tel: (03) 3813 1461 - Fax: (03) 3818 1522.

Terms of payment

All membership payments must be submitted in EURO.

Payment can be made by any of the methods of payment indicated on this form, i.e. credit card or bank transfer. All credit card payments must be signed and dated, the number and expiry date of the card should be clearly mentioned. Credit card payments that do not meet these requirements will not be validated. Bank transfer payments (in EURO) have to be made to the indicated bank account number. Please quote your ESHRE full name with every bank transfer. Members failing to pay their membership fee for one year will be automatically excluded from the ESHRE membership records.

Application form should be remitted, with payment, to the following address:

ESHRE CENTRAL OFFICE
"Membership", Meerstraat 60, B - 1852 Grimbergen (Beigem), Belgium
Tel. +32-2-269.09.69 - Fax +32-2-269.56.00 - E-mail: membership@eshre.com

**please note that the prices mentioned on this form are only valid
from June 2009 until June 2010**