



ESHO MEMBERSHIP PAYMENT FORM

Personal information

Title Initials (First name in full): Family name: M/F

Professional address: Institute:

Department:

Street:.....Zip code:

City:Country:.....

Mailing address (If this is different from professional address):.....

.....

Telephone number: Tel. home:.....

Fax: e-mail:

Profession: Clinician Physicist Biologist Other:.....

I allow ESHO to publish this information (except for Tel.home) on their password protected part of the ESHO website: yes no

Membership and payment

PLEASE INDICATE THE APPROPRIATE MEMBERSHIP FEE:

normal rate Euro 125

student rate Euro 62.50

sponsored membership Euro 125

Euro

Euro

Euro

..... +

Total

Euro

I have decided to end my ESHO-membership

Payment

❖ Payment can be done only by bank transfer.

❖ Make sure that your name is clearly associated with the payment!

❖ When payment is made by bank transfer please mention: all costs for payer; no charges for receiver.

❖ Personal cheques cannot be accepted, due to very high bank charges.

I will transfer the fee to the ESHO bank account

We prefer a bank transfer.

- ABN-AMRO
- BIC code: ABNANL2A
- IBAN-code: NL15ABNA0586655611
- Address: ABN-AMRO Zuidplein, P/O Box 5050, 3008 AB Rotterdam
- **Mentioning all costs for payer; no charges for receiver**

Please send me a receipt

yes

no

Sponsored Membership: **I wish to sponsor:**

Title Initials (First name in full): Family name: M/F

Specialty Clinician Physicist Biologist Other:

Professional address:

Mailing address:

Please return this form by fax or E-mail:

ESHO President, G.C. van Rhoon, via E-mail: mariekevanrhoonesho@hotmail.com

Take a copy of this form for your own records