

European Calcium Society Membership Form

Title: _____ First name: _____ Family name: _____

E-mail: _____

ADDRESS DETAILS ONLY TO BE FILLED IN BY NEW MEMBERS OR IN CASE OF CHANGES

Laboratory / Department: _____

Institution: _____

Address: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ Fax: _____

Tick the appropriate box:

Regular Membership 2012-2013-2014	<input type="checkbox"/> 156 €
Regular Membership 2012-2013	<input type="checkbox"/> 110 €
Regular Membership 2012	<input type="checkbox"/> 60 €
Emeritus Membership 2012	<input type="checkbox"/> 30 €
Membership 2012 <i>(please send copy of student ID)</i>	<input type="checkbox"/> 30 €

Payment:

<p><i>By credit card:</i> <i>Please indicate card type:</i></p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> Eurocard <input type="checkbox"/> Visa</p>	<p><i>Please fill in the credit card information:</i></p> <p>Card number: _____ Expiry date card: _____ Cardholder name: _____</p>
<p>OR:</p> <p><input type="checkbox"/> Bank transfer to the ECS account (at Bank Dexia, Blvd. Pacheco 44, 1000 Brussels, Belgium) with IBAN number BE95 0682 2443 2058 and BIC code GKCCBEBB <i>(please send copy of payment)</i>.</p> <p><i>In view of the very heavy fees imposed by banks, bank cheques can not be accepted. Sorry.</i></p>	

Do you need a receipt?

Yes No

If yes, please indicate e-mail address to which it has to be sent, if different from the above: _____

Please send this form (e-mail, fax or letter)

to:

Prof. Jan B. Parys
Secretary-General ECS
Lab. Molecular and Cellular Signalling
K.U.Leuven
Campus Gasthuisberg O/N 1 – bus 802
B-3000 Leuven, BELGIUM

**IMPORTANT
REGISTRATION CAN ALSO BE
PERFORMED ON LINE**
(<http://www.ulb.ac.be/assoc/ecs/membership.html>)

E-mail: jan.parys@med.kuleuven.be

Fax: +32 16 33 07 32