



EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

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APPLICATION FOR FEDERATION MEMBERSHIP

Please complete in **BLOCK CAPITALS** and return the completed application form via post, e-mail or fax to the above address

FULL NAME OF EMERGENCY MEDICINE ORGANISATION:

SHORTENED NAME OF ORGANISATION (eg, EuSEM):

NAME OF PRESIDENT/CHAIRMAN:

NAME OF CONTACT PERSON (IF NOT PRESIDENT):

FULL CONTACT DETAILS OF ORGANISATION

Preferred address for correspondence

House Number/Name

Street

Town

City/County

Country

Postcode/Zipcode

Email

Website

Tel Fax

ALTERNATIVE CONTACT DETAILS

Preferred address for correspondence

House Number/Name

Street

Town

City/County

Country

Postcode/Zipcode

Email

Website

Tel Fax

WHEN WAS YOUR ORGANISATION FORMED:

CURRENT NUMBER OF MEDICAL MEMBERS:

NAME OF OFFICIAL JOURNAL (IF ANY):

ANY OTHER RELEVANT INFORMATION:

NATIONAL SOCIETY AFFILIATE MEMBERSHIP DECLARATION

This organisation currently has the following number of medical members:

This organisation agrees to pay the rate of € 1 (one euro) per medical member for National Society Affiliate Membership of EuSEM (excluding the European Journal of Emergency Medicine) for the period January-December 2007 (renewal date 1st January each year)

PAYMENT METHODS

Please tick relevant box

BANK TRANSFER TO EuSEM

HSBC plc, St Clement Danes, 194 Strand, London, WC2R 1DX, United Kingdom
EuSEM Euro Account Number: 59081279 Sort Code: 400515
IBAN: GB51 MIDL 4005 1559 0812 79 BIC: MIDLGB22

CREDIT CARD

I authorise you to debit my:



MasterCard



Visa

Card Number

Expiry Date

Name on Card

PLEASE PRINT YOUR NAME IN FULL

SIGNATURE

DATE