EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

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APPLICATION FOR INDIVIDUAL MEMBERSHIP

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

TITLE
Prof/Dr/Mr/Mrs/Miss/Ms _____

LAST NAME
(in full) _____

MEDICAL DEGREES _____

FIRST NAME(S)
(in full) _____

DATE OF BIRTH D D M M Y Y Y Y

GENDER: Male ☐ Female ☐

HOME CONTACT DETAILS	WORK CONTACT DETAILS
Preferred address for correspondence ☐	Preferred address for correspondence ☐
House Number/Name	Current Hospital Name (if applicable)
Street	Street
Town	Town
City/County	City/County
Country	Country
Postcode	Postcode
Email	Email
Tel _____ Fax _____	Tel _____ Fax _____
Mobile	Mobile

CURRENT EMPLOYMENT _____ DATE STARTED _____

PLACE YOU QUALIFIED AS MEDICAL DOCTOR _____ DATE _____

ARE YOU A MEMBER OF A NATIONAL SOCIETY? No ☐ Yes ☐ NAME OF SOCIETY _____

SPECIAL INTERESTS _____

MEMBERSHIP OPTIONS

All payments are per annum. Please tick relevant box

European Full Membership including EJEM *(as per listed countries)*	€ 150	☐
European Full Membership (reduced rate) including EJEM *(as per listed countries)*	€ 90	☐
European Associate Membership including EJEM (*trainee/resident) *(*proof of full-time training status required)*	€ 90	☐
European Associate Membership (reduced rate) excluding EJEM	€ 10	☐
International Membership including EJEM *(no reduced rate available)*	€ 150	☐

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 _____

SIGNATURE (This form will be kept as a record of your authorisation of payment except for your CVV2 number below) _____ DATE _____

CREDIT CARD CVV2 NUMBER (3 digits on the back of your card): ☐☐☐ (Once processed all record of your CVV2 number will be destroyed)