



EUBS MEMBERSHIP APPLICATION FORM

1. Personal Details - see (1):

NAME _____

TITLE: Dr. Dr.(med) Mrs. Miss Mr. _____

EDUCATIONAL QUALIFICATION - see (2, 3, 4): _____

(Degree, Date, University) _____

ADDRESS: _____

ZIP CODE : _____ **CITY :** _____

COUNTRY: _____

WORK TEL NO: _____ **FAX NO:** _____

HOME TEL NO: _____ **FAX NO:** _____

E-MAIL ADDRESS: _____

SPECIAL INTERESTS : _____

(e.g. HBOT, Respiratory Physiology...) _____

Names of two EUBS members familiar with your work or interest in underwater or hyperbaric medicine- see (3): _____

(1) : Underlined items must be filled in

(2) : For undergraduate membership, state course being studied and expected date of graduation

(3) : Undergraduate members must have the support of their senior faculty member

(4) : Where a waiver under Bylaw II requires a 'special accomplishment' this must be well documented

Additional information you wish to provide:

2. Please select membership format (2008 membership fees):

- Member – Euro 55 (£37)
 Undergraduate Member – Euro 27.50 (£18.50)
 Corporate Member – Euro 300 (£202)

3. Please select method of payment :

- VISA Card MasterCard EuroCard

Card Number: _____

Expiry Date: _____ Security No: _____ (on back of card – last three digits)

Name On Card: _____

- PayPal (through the EUBS Website) BankDraft/Cheque Eurocheque

4. Please return your form and payment to:

Ms P Wooding

EUBS Membership Secretary

16 Burselm Avenue

Hainault, Ilford

Essex IG6 3EH

United Kingdom

or: Fax to +44 208 500 1778 (Between 09.00 hrs and 21.00 hrs – UK time)