



Membership Application Form 2010 – 2011

Date: / / 2010

Please write or type in black capital letters

1. Main Contact Details

Title	Surname	First Name	
Position		Department	
Institution/Company			
Address			
City	Postal code	State	Country
Phone number (including country code)		Email address	
Fax number		Institution/Company website	
Degrees			
Date of birth (DD/MM/YY)			

2. Additional Information

Current technique used

Particle Beam
 Gamma Unit
 Linear Accelerator
Other, (please specify): _____

Primary Specialty

Neurological Surgery
 Radiology
 Radiation Oncology
 Medical Physics
 Radiation
 Research/Radiobiology
 Allied Health Field
Other, (please specify): _____

Other membership(s) in professional societies

No Yes
If yes, please specify: _____

List two current ISRS members as a reference

Name: _____ Name: _____



How did you hear about the ISRS?

I am an old member Colleague/friend Linked from another site?

Congress Internet search Other

Other, (please specify): _____

3. Type of Membership

Active membership \$ 250

Associate membership \$ 250

More information here: <http://www.isrsy.org/view.php?id=38>

4. Method of Payment

1. Please charge my credit card in US \$

Visa Eurocard/Mastercard American Express

Card n° _____ Expiry date: _____ (mm/yy)

CV code _____ (click here for more information : <http://www.amlinkevents.com/ei/creditcardid.htm>)

Cardholder's name:

Cardholder's signature and credit card authorization:

I hereby authorise the ISRS Headquarter Secretariat & Congress Organizers – Colloquium Brussels to debit this credit card account with the amount due of \$ 250 for the ISRS member subscription 2010-2011

2. I will pay \$ 250 by bank transfer in US \$ to the following bank account

ISRS Society account name: **ISRS**
Account number: **001-5184620-46**
Name of the Bank: **BNP FORTIS BANK**
Swift/BIC Code: **GEBABEBB**
IBAN Code: **BE33 0015 1846 2046**

Please note that:

- Payment must accompany membership application forms or they will not be processed
- Bank charges are the responsibility of the participant and should be paid at source in addition to the membership fees
- Payments must mention your name and the purpose of your payment: "ISRS membership 2010-2011" so that the money can be assigned. If payment is made for more than one person or by a company please make sure all names are indicated
- A copy of the bank remittance receipt should accompany the membership application

The personal data provided in this form is collected for the purpose of:

- Inclusion in the members' database and verifying eligibility for all members' benefits
- Inclusion of your name, institution and email address in the list of members available in the secured "members only section" of the Society website
- Enabling ISRS to improve the facilities and services that it offers to its members
- Informing you of any forthcoming events and Congresses and to advertise the services provided by ISRS or its main sponsors (including newsletters and occasional mailings or e-mailings by the ISRS)



I have read and accept the information related to membership of the ISRS, as outlined in the Membership Information page on the www.ISRSy.org website.

If you do not accept or would like to discuss the information, please contact isrs@clq-group.com

I accept that my email address be published on the secure members' only section of the ISRS website (for networking purposes among members)

Date and Signature _____

Please email or fax this form to the ISRS Headquarter Secretariat at the contact information provided below.