



Application for membership European Society for Artificial Organs

The application must be completed in English. Please write clearly.

Name _____ Surname _____

Date and place of birth _____

Degree and other academic qualifications _____

Address _____

_____ Zip Code _____

City _____ Country _____

Phone _____ Fax _____

e-mail _____

I apply for the indicated ESAO membership:

Membership fees:

- | | | |
|---|----------|---------------------------|
| <input type="checkbox"/> Full Member | € 130,-- | journal included |
| <input type="checkbox"/> Regular Member | € 50,-- | journal NOT included |
| <input type="checkbox"/> Junior Member (< 35y) | € 65,-- | journal included |
| <input type="checkbox"/> Group Membership for 4 Members | € 280,-- | only ONE journal included |

Reduced membership for Eastern Europ. Countries:

- | | | |
|---|----------|---------------------------|
| <input type="checkbox"/> Full Member | € 40,-- | journal included |
| <input type="checkbox"/> Regular Member | € 20,-- | journal NOT included |
| <input type="checkbox"/> Group Membership for 4 Members | € 100,-- | only ONE journal included |

ESAO Membership entitles to a reduced registration fee at the ESAO Congress, mailings of ESAO and the annual subscription to "The International Journal of Artificial Organs" (12 issues per year, Full- and Junior- Membership only).

Signature _____

Date _____

Complete application will be reviewed by the Advisory Board and presented at ESAO Annual Meeting for final approval.

Application for membership should be mailed or faxed to:
Dr. G. Rakhorst, General Secretary of the European Society for Artificial Organs
Department of Biomedical Engineering
A. Deusinglaan 1 - 9713 AV Groningen, The Netherlands
Tel. ++31-50-3632463, Fax ++31-50-3633139, e-mail: G.Rakhorst@Med.RUG.NL