

## Membership Form for 2008

### Personal identification

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

I am a new member joining for the first time  
I have been a member before      ⇒ if so, provide your member no.:

### Contact information\*

Organization: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ URL: \_\_\_\_\_

\* only to be filled out if you are a new member or if your contact information has changed

### Membership rates

Type of membership: \_\_\_\_\_

I claim a discount, because I am member of the following society:  
I agree that my membership data can be forwarded to associated scientific societies for checking the eligibility for possible discounts on membership fees (compulsory if you claim a discount)

**Total (EUR):** \_\_\_\_\_

### Payment

<p><b>By bank transfer</b></p> <p>I have transferred the above amount to:</p> <p><b>Bank:</b> LA CAIXA <b>Address:</b> C/ Manuel Llaneza 32 33600 Mieres, Spain <b>BIC/SWIFT:</b> CAIX ESBB XXX <b>Account holder:</b> EUSFLAT <b>Account no.:</b> 2100 2296 15 0200112699 <b>IBAN:</b> ES 45 2100 2296 15 0200112699</p> <p>I am attaching a confirmation of the transfer.</p>	<p><b>By credit card</b></p> <p>Please charge the above amount to my credit card:</p> <p>Type of card: _____ Name on card: _____ Card number: _____ Exp. date: _____ / _____</p> <p>Signature: .....</p>
---	--

Fill out the above form carefully and send it to:

Dr. Thomas Vetterlein, EUSFLAT Society  
Section on Medical Expert and Knowledge-Based Systems  
Core Unit for Medical Statistics and Informatics  
Medical University Vienna  
Spitalgasse 23  
1090 Vienna, Austria  
Fax: +43 1 40400 6667  
E-mail: membership@eusflat.org

If the membership fee should be charged to your credit card, the form must be printed, signed, and sent by fax or surface mail.  
*For security reasons, never send credit card data by non-encrypted e-mail!*