

Registration for the ESMRMB Membership 2020

Personal Data

Title:*		Gender:*	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:*		Last Name:*	
Date of Birth:*		Profession:*	
Hospital/Institute:*			
Street/No.:*			
ZIP Code:*		City:*	Country:*
Phone:*		Email:*	
Membership ID (if available)		<input type="checkbox"/> I would like to start a new membership. <input type="checkbox"/> I would like to renew my membership.	

*required, please use capital letters and write clearly

ESMRMB Membership Type

<input type="checkbox"/> ESMRMB Regular Member	€ 175
<input type="checkbox"/> ESMRMB Junior Member*	€ 25
<input type="checkbox"/> ESMRMB Radiographer Member**	€ 25
<input type="checkbox"/> ESMRMB Associate Member***	€ 25
<input type="checkbox"/> ESMRMB Free Associate Member***	€ 0

* Junior membership is limited to 6 years following the date of the last diploma (bachelor, masters, medical degree). A copy of the diploma (bachelor, masters, medical degree) has to be uploaded during online application or sent to the ESMRMB Office no later than 10 days after membership application in order to validate your membership. Please note that this does not apply for PhD degrees.

** Applicant needs to be a radiographer/MR technologist and has to upload a confirmation from the head of department/institution confirming his/her statutes as radiographer/MR technologist.

*** Applicant needs to be member of a national society which is a partner society of ESMRMB. Please send an e-Mail to office@esmrb.org to check if you are a member of an ESMRMB partner society. Please note that reduced congress fees are not applicable for this Membership Type.

Payment Details

Credit Card (ESMRMB accepts Master Card and VISA only)

Card Number

Valid Through / 3 Digit Card Security Code

Bank Transfer

Bank Account: ESMRMB Society

IBAN: AT462011100003196844

BIC/SWIFT: GIBAATWW

Please **indicate your full name** and “**ESMRMB Membership 2020**” on transfer documents for identification purposes. Kindly note that you are responsible for any bank charges that might apply.

I herewith accept the Terms and Conditions of the ESMRMB Membership. The Terms and Conditions are available on the Website: www.esmrmmb.org.

Data Agreement

I agree that my personal data comprising of my full name, profession, address, phone number and e-mail address are passed on to the ESMRMB sponsors and partners (as listed on our website) for the purpose of providing commercial and scientific information related in the field of magnetic resonance.

Yes No

I want to receive ESMRMB news about scientific events, educational programme and product developments related to the field of magnetic resonance.

Yes No

Date

Signature