



International Society for Autonomic Neuroscience (ISAN)

Application for Membership 2009

Return this form with your payment to:
(PLEASE PRINT CLEARLY - IF TYPING
FONT SIZE NO LESS THAN 11 POINT)

ISAN Secretariat
8 Ewart St, Malvern Vic 3144, AUSTRALIA
Fax: +61 3 9509 8206

Family name: Title: (Prof/Dr/Mr/Mrs/Miss/Ms)
Given name: Sex (M/F):
Mailing address
.....
City: State: Postcode:
Country:
Telephone Work: Fax: (Please include country code)
E-mail:
Interests: (maximum of two. e.g. Enteric NS, Respiration, Pain etc)
.....
.....

Please tick the appropriate box. **Membership dues are quoted in \$US**

Full \$US50 Student \$US12.50 Retired/Emeritus \$US12.50

PAYMENT DETAILS

The preferred payment option is by credit card (Mastercard or Visa or their equivalent only). Credit card payments will be converted to \$AUD at the time of banking, so your statement may not be exactly \$US50, depending on the exchange rate and any other charges applied by your bank. Personal cheques can only be accepted if these are drawn on an Australian bank account. Personal cheques drawn on overseas (not Australian) banks cannot be accepted.

Australian applicants may pay by Electronic Funds Transfer. Bendigo Bank, BSB: 633 108 Account No: 129629424.
Account Name: International Society for Autonomic Neuroscience

Overseas applicants may pay by Bank Draft payable in Australian dollars at an Australian Bank, or by Swift Bank Transfer.
Swiftcode: BENDAU3B. Bendigo Bank, BSB: 633 000, Account No: 128659737, Account Name: Convention Associates

Please Note: If you pay by credit card, we shall convert your payment to Australian dollars (\$AUD) for banking. If paying by Australian cheque, EFT or Swift transfer, payments must be made in Australian dollars, using the current conversion rate.

My Cheque/Bank Draft is enclosed

Please debit my Visa Mastercard

Card Number / / / Expiry Date .. / ..

Name of Cardholder (BLOCK LETTERS PLEASE)

Signature

I have paid \$AUD by Electronic Funds Transfer on (date)

I have paid \$AUD by Swift Bank Transfer on (date)

PLEASE INDICATE METHOD OF PAYMENT AND RETURN THIS FORM TO

ISAN Secretariat,
8 Ewart St., Malver VIC 3144 AUSTRALIA

Fax: +61 3 9509 8206

IF YOU TYPE YOUR DETAILS ONTO THIS FORM PLEASE DO NOT USE A FONT SIZE LESS THAN 11 POINTS