



World Society for Breast Health
Individual Membership Application Form

Name (print in capital letters):

First name(s): Title: Position:

Home Address:

City: Postal Code: Country:

Office Address: Institution:

Address:

City: Postal Code: Country:

Tel: Fax: E-Mail:

Medical and/or scientific specialty/ ies:

Preferred mail address: HOME OFFICE

.....

Date

.....

Applicant's signature

PAYMENT

I wish to pay the annual membership fee of USD 10 by

Credit card*: I authorise WSBH to debit my VISA or Eurocard/MasterCard or Amex :

Card No.: Exp. Date: CVV code

Cardholder's Name:

Cardholder's address (associated with the card):

.....

Amount: Signature:

Bank transfer, please send me an invoice

In all cases return this application (and payment if applicable) to:

WSBH Secretariat, c/o K&M Congress Ltd.

Attn: Ms Katalin Mátray

Podmaniczky u. 75, H-1064 Budapest, Hungary

Fax: +36-1-3012001, e-mail: wsbh@kmcongress.com

(*Please tick appropriate boxes)