



World Society for Breast Health

Society Membership Application Form

Name of the Society _____

Number of members _____

President _____

Address _____

Telephone/Fax/E-mail _____

WSBH Representative _____

Address _____

Telephone/Fax/E-mail _____

Treasurer _____

Address _____

Telephone/Fax/E-mail _____

.....
Date

.....
Signature

PAYMENT

We wish to pay the annual membership fee of USD 500 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)