



European Society of Human Genetics

Application for Collective Membership 2010

Please print out and fax or mail this form to:

ESHG c/o Vienna Medical Academy
Ms. Karin Knob
Alser Strasse 4, 1090 Vienna, Austria

FAX: +43 1 407 82 74

**I wish to be a member of the European Society of Human Genetics for January - December 2008:
(please type or complete in BLOCK CAPITALS)**

<input type="checkbox"/> Collective membership EUR 50	Available for a group of up to 5 colleagues from Eastern Europe (1 main (A) + 4 aff. members (B)). All membership rights except to hold elected positions and to vote. 1 EJHG print subscription. <input type="checkbox"/> Tick here to activate an online subscription of the Journal
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PERSONAL INFORMATION (Collective A-Member)

Academic Title		First Name	
Family Name			
Address for correspondence and delivery of EJHG			
Street			
City / ZIP Code		Country	
Email (please print clearly!)			
Telephone		Fax	
Collective A-Membership Number: When renewing Membership			

METHOD OF PAYMENT

<input type="checkbox"/> Credit card	Please charge my <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners Club Card Number: _____ CVC2*: _____ Expiry Date: _____ <small>*The CVC2/CVC2 is a 3-digit security code printed on the back side of your card. The number appears in reverse italic at the top right end of the signature panel behind the last 4 digits of your card number. This helps us to fight fraud in the "card-not-present transactions". Thank you!</small> Name of Cardholder: _____ Signature of the Card Holder: _____
<input type="checkbox"/> Cheque	I enclose a cheque in EURO made payable to the ESHG c/o VMA
<input type="checkbox"/> Bank transfer	Account ESHG, IBAN: AT 93 20111 280 365 803 12 , SWIFT/BIC: GIBAATWW , Erste Bank, Alserstrasse 23, 1080 Vienna, Austria. Acc.No. 28036580312, Bank Code 20111

- I herewith state that I support the scientific and clinical goals of the ESHG as described in the statutes.
- I authorise the ESHG to include my name and address, telephone and fax number, and email address in the directory on the ESHG website (restricted area for ESHG members). yes no
- I authorise the ESHG to include my name on board-approved mailings yes no
Date: _____ Signature: _____



European Society of Human Genetics

Data of Collective-B Members

PERSONAL INFORMATION (Collective B-Member 1)			
Academic Title		First Name	
Family Name			
Address for correspondence and delivery of <i>EJHG</i>			
Street			
City / ZIP Code		Country	
Email (please print clearly!)			
Telephone		Fax	
Coll. B-Membership No: <small>When renewing Membership</small>		Coll. A-Membership No: <small>When renewing Membership</small>	

PERSONAL INFORMATION (Collective B-Member 2)			
Academic Title		First Name	
Family Name			
Address for correspondence and delivery of <i>EJHG</i>			
Street			
City / ZIP Code		Country	
Email (please print clearly!)			
Telephone		Fax	
Coll. B-Membership No: <small>When renewing Membership</small>		Coll. A-Membership No: <small>When renewing Membership</small>	

PERSONAL INFORMATION (Collective B-Member 3)			
Academic Title		First Name	
Family Name			
Address for correspondence and delivery of <i>EJHG</i>			
Street			
City / ZIP Code		Country	
Email (please print clearly!)			
Telephone		Fax	
Coll. B-Membership No: <small>When renewing Membership</small>		Coll. A-Membership No: <small>When renewing Membership</small>	

PERSONAL INFORMATION (Collective B-Member 4)			
Academic Title		First Name	
Family Name			
Address for correspondence and delivery of <i>EJHG</i>			
Street			
City / ZIP Code		Country	
Email (please print clearly!)			
Telephone		Fax	
Coll. B-Membership No: <small>When renewing Membership</small>		Coll. A-Membership No: <small>When renewing Membership</small>	



European Society of Human Genetics

Member Information (Collective A-Member)

The ESHG would be grateful if you would kindly complete the following information, which we intend to use in future planning for the development of the Society, and in more effectively representing the interests of the membership.

Year of birth: _____ Birthplace: _____

Membership of other scientific societies related to human genetics:

-
-
-

Primary Affiliation Medical School Departments (Check one):				
<input type="checkbox"/> A. Genetics	<input type="checkbox"/> B. Pediatrics	<input type="checkbox"/> C. Pathology	<input type="checkbox"/> D. Psychiatry/psychology	<input type="checkbox"/> E. Medicine
<input type="checkbox"/> F. Obstetrics/Gynaecology	<input type="checkbox"/> G. Reproductive Medicine	<input type="checkbox"/> H. Neurology	<input type="checkbox"/> I. Family Medicine	<input type="checkbox"/> K. Hospitals and Clinics
<input type="checkbox"/> L. HMO	<input type="checkbox"/> M. Dental Schools	<input type="checkbox"/> N. Public Health	<input type="checkbox"/> O. College or University	<input type="checkbox"/> P. Nursing school
<input type="checkbox"/> Q. Veterinary School	<input type="checkbox"/> R. Private Practice or laboratory	<input type="checkbox"/> S. Commercial Company	<input type="checkbox"/> T. Institute/Foundation	<input type="checkbox"/> U. EU
<input type="checkbox"/> V. National Government	<input type="checkbox"/> W. State/local government	<input type="checkbox"/> X. Retired	<input type="checkbox"/> Y. Other	
Earned Degrees				
<input type="checkbox"/> A. MD/MB	<input type="checkbox"/> B. Ph.D.	<input type="checkbox"/> C. Other (eg.MSc)		
Academic Rank				
<input type="checkbox"/> A. Professor	<input type="checkbox"/> B. Assoc. Professor	<input type="checkbox"/> C. Assistant Professor	<input type="checkbox"/> D. Lecturer/equivalent	<input type="checkbox"/> E. Other
Position				
<input type="checkbox"/> A. Department Chair	<input type="checkbox"/> B. Division Chief	<input type="checkbox"/> C. Institute Director	<input type="checkbox"/> D. Laboratory Director	<input type="checkbox"/> E. Research Program Director
<input type="checkbox"/> F. Program Coordinator/Administrator	<input type="checkbox"/> G. Senior Research Associate	<input type="checkbox"/> H. Research Associate	<input type="checkbox"/> I. Research Assistant	<input type="checkbox"/> J. Genetic Counsellor
<input type="checkbox"/> K. Postdoctoral Research Fellow	<input type="checkbox"/> L. Postdoctoral Clinical Fellow	<input type="checkbox"/> M. Clinician in training	<input type="checkbox"/> N. Graduate student	<input type="checkbox"/> O. Private practice
<input type="checkbox"/> P. Corporate Executive	<input type="checkbox"/> Q. Established consultant	<input type="checkbox"/> R. Social worker /psychologist	<input type="checkbox"/> S. Technical or administrative	<input type="checkbox"/> T. Other
Major Type of Work Check one that accounts for more than 50% of your time:				
<input type="checkbox"/> A. Research	<input type="checkbox"/> B. Teaching	<input type="checkbox"/> C. Administration	<input type="checkbox"/> D. Clinical	<input type="checkbox"/> E. Counselling
Secondary Type of Work Check one if it represents a significant portion of time and is different from your major type of work:				
<input type="checkbox"/> A. Research	<input type="checkbox"/> B. Teaching	<input type="checkbox"/> C. Administration	<input type="checkbox"/> D. Clinical	<input type="checkbox"/> E. Counselling
Laboratory Setting If you are primarily in a laboratory setting, indicate focus by checking one:				
<input type="checkbox"/> A. Private diagnostic lab	<input type="checkbox"/> B. Univ affiliated diagnostic lab	<input type="checkbox"/> C. Gov't affiliated diagnostic lab	<input type="checkbox"/> D. Private research lab	<input type="checkbox"/> E. Univ affiliated research lab
<input type="checkbox"/> F. Gov't affiliated research lab				
Special Interest Areas Please check not more than two				
<input type="checkbox"/> A. cancer genetics	<input type="checkbox"/> B. Cytogenetics	<input type="checkbox"/> C. DNA forensics	<input type="checkbox"/> D. Differentiation, development and morphogenesis	<input type="checkbox"/> E. Dysmorphology
<input type="checkbox"/> F. Ethics/ social/legal issues	<input type="checkbox"/> G. Gene structure & function	<input type="checkbox"/> H. Inborn errors/biochemical genetics	<input type="checkbox"/> I. Late onset/adult genetic disorders	<input type="checkbox"/> J. Linkage mapping & polymorphisms
<input type="checkbox"/> K. Molecular genetics	<input type="checkbox"/> L. Pediatric genetics	<input type="checkbox"/> M. Physical mapping	<input type="checkbox"/> N. Population genetics/epidemiology	<input type="checkbox"/> O. Prenatal/perinatal genetics
<input type="checkbox"/> P. Other	<input type="checkbox"/> Q. Genomics	<input type="checkbox"/> R. Model systems	<input type="checkbox"/> S. Informatics	<input type="checkbox"/> T. neurogenetics/behavioural genetics
Designation(s) for your Research				
<input type="checkbox"/> A. clinical research	<input type="checkbox"/> B. Lab Research	<input type="checkbox"/> C. population research	<input type="checkbox"/> D. other	