

**BSRM**

Belgian Society for Reproductive Medicine

BSRM MEMBERSHIP Application / renewal form 2012

Personal details (complete all identification details)

Title: Last name: First name:

Institution:

Department:

Street:

Postal code & city:

Country:

E-mail:

Tel.:

Fax:

Date of birth:

Numéro INAMI – RIZIV nummer:

VAT number:

Membership (tick the appropriate boxes)

I want to renew / apply for BSRM membership 2012.

Membership category

- Clinician - Biologist (55 euro incl. 6% VAT)
 Paramedical - Resident in training (25 euro incl. 6% VAT)

Language

- Dutch
 French

Profession

- Clinician
 Biologist
 Nurse
 Lab technician
 Psychologist
 Resident in training
 Psychiatrist
 Midwife
 Other (please specify):

Transfer

I will transfer the corresponding amount to the BSRM account 310-1263178-33,
with reference: (name) + membership 2012.

IBAN number: BE79 3101 2631 7833 • BIC: BBRUBEBB • Bank: ING

Return address

Thank you for returning this form to the BSRM Central Office: Orga-Med, Opalfeneweg 3, B-1740 Ternat
• Tel: 02 582 08 52 • Fax: 02 582 55 15 • E-mail: orgamed.nancy@telenet.be