



APPLICATION FORM

First: () Renewal: ()

The Medical School / Medical Faculty / Medical Academy of the

University

Street

City

Country ZIP Code

E-mail

which is represented by the Dean or other authorized Representative, who is

Name

applies for Membership of AMSE for the year 2002.

The Membership Fee of US Dollars 200.-

(excluding bank charges)

will be transferred to the AMSE account:

Account no. 0521-05335/00 (AMSE)



Swift Code: **BKAUATWW**

Bank Code: **12000**

Address: Schottengasse 6-8

A-1010 Wien, AUSTRIA

Signature:

Date: