



## Call for Membership

The **European Society of Emergency Radiology** has recently been founded and will represent emergency radiology as an individual subspecialty in the broad field of radiology.

It goes without saying that every successful society relies on a solid support by its members. Therefore we are very much looking forward for your commitment within the important area of emergency radiology and hope you intend to become an active member of the society.

**Apply for your membership with the European Society of Emergency Radiology now!**

Yours sincerely

*Dr. Ulrich Linsenmaier*

ESER President

## ESER MEMBERSHIP 2012

### APPLICATION/PAYMENT FORM

We kindly ask you to complete the requested data below and return the document to the ESER Office either via email ([office@eser-society.org](mailto:office@eser-society.org)) or fax (+43 1 533 40 64 445). **Required information is marked with asterisk\*.**

### MEMBERSHIP FEE

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- Full Member/Associate Member:** € 40.00
- Resident\*\* Member:** € 20.00      \*\* (Offered to young radiologists still in training until the age of 35 years, written proof required)

### PERSONAL DETAILS (please write in CAPITAL LETTERS)

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#### Personal Information:

Gender:       female       male

Title\*: \_\_\_\_\_ Profession: \_\_\_\_\_

First name\*: \_\_\_\_\_ Last name\*: \_\_\_\_\_

Date of birth\*: \_\_\_\_\_ (dd/mm/yyyy)

#### Address (for all correspondence):

Hospital/Department: \_\_\_\_\_

Street\*: \_\_\_\_\_

Zip/City\*: \_\_\_\_\_ Country\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_

Email\*: \_\_\_\_\_

## PAYMENT

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### Bank transfer

**I have paid/ I will pay** the ESER 2012 Membership fee as indicated above by bank transfer, free of charge for the beneficiary (copy enclosed), to:

Account holder:	<b>ESER – European Society of Emergency Radiology</b>
Bank code:	<b>20111</b>
Account number:	<b>297 383 308 00</b>
IBAN:	<b>AT4220111 297 383 308 00</b>
BIC/SWIFT:	<b>GIBAATWWXXX</b>

**Please do not forget to indicate your full name on bank transfer documents for identification purposes. Please note that members are responsible for any bank charges that may be incurred.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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