



1. YOUR DETAILS

Affiliation:	
Name:	
Address:	
Country:	
Tel:	
Email:	
WWW:	
Research Interests:	

2. YOUR MEMBERSHIP FOR 2016

Tick one only

EURO

<input type="checkbox"/>	M16	Regular Membership	50
<input type="checkbox"/>	M16E	Emeritus Membership (retired member)	25
<input type="checkbox"/>	M16S	Graduate Student Membership: <i>please send a copy of your student card</i> Degree: _____ Date expected: __/__/__/ Faculty Name and country : _____	25

3. PAYMENT METHOD

Bank Payment Order* in the sum of EUR _____ (Euros) * - Please instruct your bank to forward payment orders, including your membership number, direct to Postfinance SA - Mingerstrasse 20 - 3030 Bern - Switzerland Account Number: 91 – 377601 - 4 Beneficiary's name: European Neural Network Society IBAN: CH12 0900 0000 9137 7601 4 BIC: POFICHBEXXX <hr/> <i>To pay by credit card, please contact the secretary. (add 3 Euros payment fees for credit card)</i>

4. SIGNATURE

Members agree that their contact details and interests may be recorded in the ENNS membership database. The ENNS may wish to allow other appropriate organizations to send mail to ENNS members (e.g. concerning conferences or products). Tick here if you **DO NOT** wish to receive mail from organizations other than the ENNS.



I hereby apply for membership of the ENNS for 2016

Signature _____

Date _____

Send the completed form or membership questions to: **NEW ADDRESS**
ENNS, University of Lausanne, ENNS Secretary, Internef 137, CH - 1015 Lausanne
(tel : +41 21 692 33 88) Or scan by mail to : **secretary@e-nns.org**