

Neurootological and Equilibrimetric Society Reg.(NES)
(Neurootológiai és Equilibrimetriai Társaság)

Application for Membership of the NES

To
Neurootological and Equilibrimetric Society Reg. (NES)
Szigony utca 36.
H- 1083, Budapest, Hungary
Fax +36-1-3333316
E-mail: nes-gna@gmail.hu, szirmai.agnes@med.semmelweis-univ.hu

Herewith I apply for the membership in the Neurootological and Equilibrimetric Society., (NES), Szigony utca 36, H- 1083, Budapest, Hungary

Name
(keresztnév): _____

Surname
(vezetéknév) _____

Title / Institution: _____

Street: _____ Nr _____

ZipCode/City: _____

Country _____

Tel. _____ Fax _____

E-Mail _____

In case of being accepted the NES is authorized by me, to annually draft the membership fee of **50 Euro** from my bank account number by bank transfer of the bank account number of the NES.

I know that I can end this drafting by written cancellation.

Signature

Date

(Please send this Application via Fax and Mail)