

ECS Membership Form

Title: _____ First name: _____ Family name: _____

E-mail: _____

ADDRESS DETAILS ONLY TO BE FILLED IN BY NEW MEMBERS OR IN CASE OF CHANGES

Laboratory / Department: _____

Institution: _____

Address: _____

Postal code: _____ City: _____ State: _____ Country: _____

Phone (with country code): _____ Fax: _____

I hereby agree that the information above will be used for keeping the ECS members list up to date and that it will be included in the ECS directory, available to members only, on the ECS web site www.calciumsociety.eu: (please tick or otherwise mark your approval).

Tick the appropriate boxes and/or fill in the appropriate amounts:

| | |
|--|----------------------------------|
| Regular Membership 2018-2019-2020 | <input type="checkbox"/> 156 € |
| Regular Membership 2018-2019 | <input type="checkbox"/> 110 € |
| Regular Membership 2018 | <input type="checkbox"/> 60 € |
| Emeritus Membership 2018 | <input type="checkbox"/> 30 € |
| Student Membership 2018 <i>(please send copy of student ID)</i> | <input type="checkbox"/> 30 € |
| VOLUNTARY CONTRIBUTION* <i>(please fill in amount)</i> | <input type="checkbox"/> € |
| TOTAL PAYMENT <i>(please fill in)</i> | € |

* The contributions received will be used for travel fellowships for junior researchers. Depending on the country you are residing, such gifts can be tax-deductible. The donation will be acknowledged on the receipt. The non-profit status of the ECS will be clearly indicated on it.

Payment:

| | |
|---|---|
| By credit card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Eurocard <input type="checkbox"/> Visa | Please fill in the credit card information: Card number: _____ Expiry date card: _____ Cardholder name: _____ |
| Or by bank transfer: <input type="checkbox"/> to the ECS account (Belfius Bank, Blvd. Pacheco 44, 1000 Brussels, Belgium) with IBAN number BE95 0682 2443 2058 and BIC code GKCCBEBB <i>(please send copy of payment)</i> . <i>In view of the very heavy fees imposed by banks, bank cheques can not be accepted. Sorry.</i> | |

Do you need a receipt?

Yes No

If yes, please indicate e-mail address to which it has to be sent, if different from the above: _____

Please send this form (e-mail, fax or letter)

to: Prof. Jan B. Parys
Secretary-General ECS
Lab. Molecular and Cellular Signalling
K.U.Leuven
Campus Gasthuisberg O/N 1 – bus 802
B-3000 Leuven, BELGIUM

E-mail: jan.parys@kuleuven.be

Fax: +32 16 330 732