



WORLD FEDERATION OF SOCIETIES OF BIOLOGICAL PSYCHIATRY

Individual Membership Application

Please complete and return by email or fax at your best convenience to the WFSBP Global Headquarters:

Email: info@wfsbp.org Fax: +49 40 670 882 91 Phone: +49 40 670 882 90

Sex: female male diverse

Academic title: _____

Family name: _____

First name: _____

Institution's name: _____

Working area: _____

Street: _____

Zip Code: _____ City: _____

Country: _____

Email: _____

Phone: _____

The above indicated address is my: Private address Business address



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- Yes, I would like to obtain a membership in the World Federation of Societies of Biological Psychiatry and receive all members benefit for € 12,50 per year.
- I will inform the WFSBP as soon as any of my personal details will change.

Payment options

- I have transferred my membership fee on the following account:

Account name: World Federation of Societies of Biological Psychiatry
Bank name: DB Privat- u. Firmenkundenbank
Bank address: Unter den Linden 13-15, 10117 Berlin, Germany
BIC (SWIFT): DEUT DE DB BER
IBAN: DE65 1007 0024 0108 9416 00

- Please charge the membership fee of the following credit card:

VISA Master/Eurocard

Card number: _____

Card verification number: _____

Expiry date: _____

Cardholder's name: _____

- I have noted that all bank fees should be charged to the client, not to WFSBP

Date / Signature: _____