



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

Title: _____

Family Name: _____

First Name: _____

Institution's name: _____

Position in Institute: _____

Working area: _____

Street: _____

Zip Code: _____ **Town:** _____

Country: _____ **Email:** _____

Phone: _____ **Fax:** _____

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 benefits for **EUR 12,50** per year.
- I will inform the WFSBP as soon as any of my details shown above change.

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard / Eurocard	<input type="checkbox"/> Amex
Card N°:	_____	
Card Verification N°:	_____	
Expiry date:	_____	
Cardholder's Name	_____	

Bank fees should be charged to the client, not to WFSBP.

- I have transferred my membership fee on following account on

HSH Nordbank
Gerhart-Hauptmann-Platz 50
20095 Hamburg
Germany
Account Holder: World Federation of Societies of Biological Psychiatry
Account: 1001245758
IBAN: DE34210500001001245758
BIC: HSHNDEHH

Date / Signature: _____