



WORLD FEDERATION OF SOCIETIES OF BIOLOGICAL PSYCHIATRY

INDIVIDUAL MEMBERSHIP APPLICATION

Please complete and return by email to the WFSBP Global Headquarters via info@wfsbp.org

LAST NAME: _____ FIRST NAME: _____

ACADEMIC TITLE: _____ INSTITUTION'S NAME: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____ COUNTRY: _____

POSTAL CODE: _____ CITY: _____ REGION: _____

GENDER: Male Female Diverse

AREA OF SPECIALTY: _____

The above indicated address is my: Private address Business address

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 WFSBP as soon as any of my personal details will change.

PAYMENT OPTIONS

CREDIT CARD: I would like to be invoiced for my membership dues and to pay via credit card.

WIRE TRANSFER: I have transferred my membership fee on the following account and have noted that all bank fees should be charged to the client, not to WFSBP.

Account name: Hanser & Co. GmbH

Bank name: Deutsche Bank AG

Bank address: Unter den Linden 13-15 10117 Berlin, Germany

BIC: DEUT DE DB BER

IBAN: DE55 1007 0024 0108 9697 16

Signature: _____

Date: _____