



MEMBERSHIP FORM

I _____, hereby apply to be a member of the Irish Institute of Clinical Neuroscience (IICN). I agree to be bound by the rules of the Memorandum and Articles of Association of the IICN (available on IICN Website). In the event of the company being wound up I hereby agree to contribute to the assets of the company a sum of money not exceeding €6.35 (IR£5).

NAME -----

MAILING ADDRESS -----

TELEPHONE -----

EMAIL -----

INSTITUTION (if different from above) -----

POST HELD -----

SIGNATURE -----

DATE -----

The information provided in this form is retained by the IICN for the purposes of maintaining a membership database and to inform members of events, news, grants and other matters of interest. The name, neuroscience discipline and institutional affiliation(s) of all members is posted on the IICN website (email address or telephone number will **NOT** be posted on the website).

I agree to the use of my details as outlined above

The IICN pays annual fees for members to three international neuroscience organisations, the European Academy of Neurology (EAN), World Federation of Neurology (WFN) and European Union of Medical Specialists (UEMS), on the basis of the number of members of the IICN. The name, position, contact email and postal address of each member are provided to these organisations by the IICN to allow access to the privileges of these organisations for members (journal access, reduced registration fees at meetings etc.). Please tick below to indicate your willingness or otherwise to have your information divulged to these organisations.

I agree to have my contact information divulged to international neuroscience organisations

Please attach your brief Curriculum Vitae with this application and post to the address below.

Irish Institute of Clinical Neuroscience, P.O. Box 351, Limerick, Ireland

Phone: 00 353 61 622652 Email: info@iicn.ie Url: www.iicn.ie

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