



Membership Application Form

Please return the completed form either by fax or mail to Dr. Uwe Busch, Honorary Secretary of ISHRAD
c/o Deutsches Roentgen-Museum, Schwelmer Str. 41, D-42897 Remscheid, Germany | Fax.: +49 2191 163145 | info@ishrad.org

Mailing Address

Family Name	First Name/s, Title	Date of Birth
Country	Street	Zip Code / City
Phone	E-Mail	
Institute		

Declaration of Accession

I intend to become a member of ISHRAD. _____
Date Signature

Scientific Interests

Radiology Radiography Medical Physics Radiological Technology

Membership Fee

- Individual Annual Membership: Euro 15,00
 Juridical Annual Membership (organisations/ associations): Euro 50,00

Membership fees become automatically due at the beginning of each year and must be paid in January without invoicing. When membership fees are overdue, our cashier will remind you with increasing reminding fees, and the mailing of the newsletter will be cancelled until payment is received.

Method of Payment

Bank transfer (EU) <input type="checkbox"/> Volksbank Remscheid-Solingen eG Tenter Weg 1-3, D-42897 Remscheid Account No. 4048674 Bank Code: 340 600 94 IBAN DE 50340600940004048674 BIC VBRSD33	Bank transfer (UK) <input type="checkbox"/> NatWest Solihul High Street Branch Account No. 58760547 Bank Code: 555015 IBAN GB04NWBK55501558760547 BIC NWBKGB2L	Paypal <input type="checkbox"/> Please find further information on http://www.ishrad.org/membership
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