



## **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	Fi	rst Name/s, Title		Date of Birth
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Country	St	reet		Zip Code / City
Phone	E-	Mail		
Institute				
Declaration of A	ccession			
intend to become a m	ember of ISHRAD			
Date			Signature	
☐ Juridical Annual M Membership fees become a	Membership: Euro 15,00 lembership (organisation automatically due at the begin	s/ association ining of each yea	ar and must be payed in January	without invoicing. When membership fees will be cancelled until payment is received.
Method of Paym	ent			
Bank transfer (EU)		Bank transf	er (UK)	Paypal
Volksbank Remscheid-Solingen eG		NatWest		Please find further information on
Tenter Weg 1-3,D-42897 Remscheid  Account No. 4048674  Bank Code: 340 600 94  IBAN DE 50340600940004048674  BIC VBRSDE33		Solihul High Street Branch  Account No. 58760547  Bank Code: 555015  IBAN GB04NWBK55501558760547  BIC NWBKGB2L		http://www.ishrad.org/membership
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