



**APPLICATION FOR MEMBERSHIP**  
of the  
**INTERNATIONAL SPINAL CORD SOCIETY**

**Please complete and post to:**

Honorary Secretary, ISCoS  
National Spinal Injuries Centre  
Stoke Mandeville Hospital  
Aylesbury, Bucks HP21 8AL, UK

**Please TYPE or PRINT in BLOCK CAPITALS:**

TITLE : (*Prof., Dr., Mr, Mrs, Miss, others*) \_\_\_\_\_ Male  Female

**SURNAME (Last name):** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

SPECIALITY: \_\_\_\_\_

Name & Address of Professional Institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTRY: \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTRY: \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

E- Mail address: \_\_\_\_\_ PLEASE PRINT CLEARLY

**Preferred address for mailing:** PROFESSIONAL:  HOME:

**Please tick appropriate subscription box:**

	Full tariff	Developing Countries	(see attached WHO list)
FULL MEMBER	<input type="checkbox"/> £60	<input type="checkbox"/> £45	
ASSOCIATE MEMBER	<input type="checkbox"/> £10	<input type="checkbox"/> £5	
ASSOCIATE MEMBER WITH JOURNAL	<input type="checkbox"/> £60	<input type="checkbox"/> £45	
			Japanese Resident <input type="checkbox"/> (Payable to Japanese Secretary)

***I enclose my annual subscription of: £*** \_\_\_\_\_

Credit Card  Bank Draft  Cheque  Other

*For information on payment, please see reverse =>>>>*

SIGNATURE of APPLICANT: \_\_\_\_\_ Date of application: \_\_\_\_\_

**All applications must be supported by an existing member of ISCoS or include a C.V.**

***Signature of Sponsor:*** \_\_\_\_\_ ***Name of sponsor:*** \_\_\_\_\_

**1. PAYMENT BY CREDIT CARD**

ISCoS accepts payment by **MasterCard, Visa or JCB credits cards - Switch, Solo or Visa Delta debit cards - Visa Electron debit card - edc Maestro International**. Details of your card should be entered below and a receipt will be issued on request when the details have been cleared through the bank.

I wish to pay by (one of the above cards)

Please charge to my card number (13 or 16 digits)

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**LAST 3 DIGITS ON REVERSE OF CARD – SECUTIY CODE:**

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**EXPIRY DATE:**

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**Name of Card Owner as printed on Card:**

**PERSONAL ADDRESS of CARD OWNER:**



Signature:	Date:	AMOUNT £
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**2. PAYMENT BY BANK DRAFT**

**PLEASE ENSURE YOUR NAME IS STATED ON ALL YOUR PAYMENT DOCUMENTS**

Forward to: National Westminster Bank PLC  
Market Square  
AYLESBURY, HP20 8SJ  
U.K.

Sort Code: 60 - 01 - 31 Account N°:073 39 259
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to be credited to: **INTERNATIONAL SPINAL CORD SOCIETY**

**IBAN Nr: GB05NWBK – 60 01 31 – 073 39 259 Swift Code: NWBKGB2L**

**3. PAYMENT BY CHEQUE****A) BY PERSONAL CHEQUE**

Please make your cheque payable to: ISCoS and mail to:

The Honorary Treasurer, ISCoS  
National Spinal Injuries Centre  
Stoke Mandeville Hospital  
AYLESBURY, Bucks HP21 8AL, UK

**The following will NOT be accepted:**

- Cheques in pounds sterling from overseas banks
- Cheques in foreign currencies

**B) BY EUROCHEQUE**

For residents in European Community countries payment by Eurocheque costs less than a Banker's Order or Bank Draft.

*For office use only*

Received:

Acknowledged:

D/B:

Publishers:

**RECEIPT :**

Date:

Amount:

