



Membership Application Form 2020

Date: / /

Please write or type in black capital letters

1. Main Contact Details

Title	Surname	First Name	
Position		Department	
Institution/Company			
Address			
City	Postal code	State	Country
Phone number (including country code)		Email address	
Fax number	Institution/Company website		
Degrees			

2. Additional Information

How did you hear about the SRCA?

<input type="checkbox"/> I am an old member	<input type="checkbox"/> Colleague/friend	<input type="checkbox"/> Linked from another site?
<input type="checkbox"/> Congress	<input type="checkbox"/> Internet search	<input type="checkbox"/> Other
Other, (please specify): _____		

3. Type of Membership

Active membership € 300

Student € 150

More information here: <http://www.thesrca.org>



4. Method of Payment

2. I will pay €..... by bank transfer in EURO € to the following bank account

SRCA Society account name: **Cerebellum**
Account number: **BE 82 7360 2964 3668**
Name of the Bank: **KBC**
Swift/BIC Code: **KREDBEBB**
IBAN Code: **BE 82 7360 2964 3668**

Please note that:

- Payment must accompany membership application forms or they will not be processed
- Bank charges are the responsibility of the participant and should be paid at source in addition to the membership fees
- Payments must mention your name and the purpose of your payment: "SRCA membership 2020" so that the money can be assigned. If payment is made for more than one person or by a company please make sure all names are indicated
- A copy of the bank remittance receipt should accompany the membership application

The personal data provided in this form is collected for the purpose of:

- Inclusion in the members' database and verifying eligibility for all members' benefits
- Inclusion of your name, institution and email address in the list of members available in the secured "members only section" of the Society website
- Enabling SRCA to improve the facilities and services that it offers to its members
- Informing you of any forthcoming events and Congresses and to advertise the services provided by SRCA or its main sponsors (*including newsletters and occasional mailings or e-mailings by the SRCA*)
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I have read and accept the information related to membership of the SRCA, as outlined in the Membership Information page on the www.thesrca.org website.

If you do not accept or would like to discuss the information, please contact srca@semico.be

I accept that my email address be published on the secure members' only section of the SRCA website (for networking purposes among members)

Date and Signature _____

Please email or fax this form to the SRCA Headquarter Secretariat at the contact information provided below.