

Membership Application to the International Clinical Neurophysiology Society (ICNS)



All sections below must be completed in full. Send completed application to ICNS Headquarters at info@ifcn.info

Personal and Contact Information

Title (Prof, Dr, Mr, Mrs, Ms)	
Family name	
First name	
Organization	
Full postal/mailling address (including zip or post code)	
Country	
Telephone number	
Fax number	
Email address (if you have more than one email address, please list them here)	

Professional Qualifications

Please list your qualifications in terms of degree, diploma and date awarded.

Professional Experience

Please give details of your experience or training in clinical neurophysiology.

Membership Fees

Fees are **USD \$16.00** for a four-year commitment. Upon approval of your application, you will receive an invoice with payment instructions. Membership will begin from the point at which fees have been paid in full, and not at the time the application has been approved.

Terms and Conditions

I confirm that I do not belong to, nor am I eligible to join, an existing IFCN Member Society (please refer to the IFCN website at www.ifcn.info/chapters.asp for a full list of all Member Societies).

Signed: _____

Date: _____