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| **EISS membership form** |
|  |
| **Your personal details** |
|  |
| First and last name |  |
| Your title |  |
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|  |
| **Your contact details** |
|  |
| Working address | Institution |  |
| department |  |
| Street name and n° |  |
| Postal code and city |  |
| country |  |
|  |
| Tel. |  |
| Email |  |
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|  |
| **Your expertise** |
|  |
| Short description of your field of expertise and interests |  |
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|  |
| **Your EISS membership** |
|  |
| I would like to become\* |
| * Individual member
 | 45,00 Euro per year |
| * Institutional member
 | 400,00 Euro per year |
| \*delete the row which is not relevant |
|  |
| You will receive (yearly) an invitation to pay your membership fee. This invitation is send via email. Please indicate the address that should be mentioned on this invitation (if different than your contact address) as well as the VAT number of applicable.  |
|  |
| Address for invitation to pay the membership fee | Institution |  |
| department |  |
| Street name and n° |  |
| Postal code and city |  |
| country |  |
|  | VAT number |  |
|  |
|  |
| **Thank you for joining the EISS.****Please forward your form to** **info@eiss.be** |
| E.I.S.S. Secretariat GeneralBlijde-Inkomststraat 173000 Leuven – BelgiumTel. 00 32 16 32.54.16Email: info@eiss.beHomepage: [www.eiss.be](http://www.eiss.be) |