



The Association of Hellenes
in the Life Sciences

World Hellenic BioMedical Association
c/o Hellenic Medical Society UK
16-18 Paddington St.
London W1U 5AS, UK
Fax: +44-20-7955 4232
E-mail: whba@hri.org
<http://www.hri.org/whba>

MEMBERSHIP APPLICATION

Title: Surname:

Forename(s):

Place & year of graduation:

Qualifications (Degrees):

Position:

Specialty:

Institution:

Department:

Work address:

City:

Post code:

Work telephone number:

Work fax:

Work e-mail:

Current contract ends (date):

Next appointment and place of employment
(if known):

Home address (if different from work address)

City:

Postcode:

Home telephone number:

Home fax:

Home e-mail:

Communications should be sent to:

Home - Work - Other (specify address): (Please circle)

Date: _____ Signature: _____

The History and Aims of the Association as well as **instructions for authors for the HMJ**, can be found at our website: <http://www.hri.org/whba>
Membership benefits include free subscription to "Mosaic" (the newsletter of the Association), the Hellenic Medical Journal and other communications from the Association, as well as access to the password-protected part of our website when its current development is complete. In addition, your name, work address, and work contact numbers (telephone, fax and e-mail) **only**, will be placed in the Membership directory, unless you notify us otherwise in writing now (see below)* or in future.

The directory will become available to members of the Association at a later date. An updated version of the directory will also be accessible in the password-protected "members only" section of our website, to further facilitate contact between members.

*I do not wish my work details to be placed in the membership directory (please tick only if you do not consent)

IMPORTANT NOTE: Please notify changes to your address/contact details immediately by writing/e-mail, to avoid losing contact with the Association.



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Subscription form

Membership subscriptions are payable on the 1st of January each year. Your payment after that date is backdated and you will receive retrospectively all the issues of the HMJ, Mosaic (newsletter) etc. from the beginning of the year.

Individual subscriptions: Full 2 year £46 and
Full 3 year £64

Cheques/Bank orders payable to the World Hellenic
BioMedical Association should be sent to:

The World Hellenic BioMedical Association
c/o the Hellenic Medical Society(UK)
Hellenic Centre
16-18 Paddington Street
London W1U 5AS, UK
Fax: + 44-20-7955 4232 E-mail: whba@hri.org

Subscriptions

Full Membership: £46 (2 years)
(Anywhere in the world) £64 (3 years)

Allow approximately 6 weeks for the processing of your application and remember to inform us immediately about changes of your address and/or contact details.

I wish to become a member of the World Hellenic Biomedical Association.

I would like to pay subscription for 2 years (£46) or 3 years (£64) (*delete as applicable*).

1. I enclose a **bankers draft** payable to the World Hellenic Bio-Medical Association

or

2. **Credit card payments:** Please charge my Mastercard/Access/Visa/Amex (circle as applicable) credit card.

Card Number:

Expiry date:

Address at which card is billed if different from that in your membership application form:

3. For **direct payment** to our bank account via another bank, please quote National Westminster Bank (104 Tottenham Court Road, London W1A 3AW), bank sort code 56-00-31 and account World Hellenic BioMedical Association 89198697.

Name:

Signature:

Date: