

# EUROPEAN PAEDIATRIC NEUROLOGY SOCIETY

## NEW MEMBERSHIP APPLICATION



Associate membership is available to all physicians with a research or clinical interest in Paediatric Neurology. Ordinary membership will be ratified by the Board and approved by a vote at the general meeting of members. For additional details of the constitution of the society, see EJP, 1999; 3: 311-317

**Please post, email or fax the completed application and remittance to:**

Mrs Sue Hargreaves, Membership Secretary, EPNS, Bridge House, Harrow Road, Bolton, BL1 4NH, UK  
Telephone: +44 1204 492888 Fax: +44 1204 493003 Email address: [info@epns.info](mailto:info@epns.info)

**Please print or type using capital letters**

Title: ..... Last Name: .....

First name: .....

Present position: .....

Work Address:.....

..... Country: .....

Home Address: .....

.....

Telephone:(work) ..... (home) .....

Email address: .....

Member of National Paediatric Neurology Society: Yes/No

Name of National Society: .....

Research/clinical interest in paediatric neurology: .....

Would you prefer the European Journal of Paediatric Neurology sent to: Work / Home / Online only\* (please delete)

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**We would also be interested to learn what led you to join this Society. Please tick the appropriate box:**

- Through a training course
- Through an EPNS Scientific conference
- Through another national conference (I joined at a stand at a national conference)
- I saw an advert in the EPNS Journal
- My national training advisor / president of my national association encouraged me to
- Other (please state)

.....  
.....

Signature:

Date: .....

The membership fee is inclusive of subscription to European Journal of Paediatric Neurology at a special concessionary rate, which the Society has negotiated with the publisher. This is on the express understanding that these concessionary copies of the Journal are for the personal use of the member only.