



# BSS BrainStem Society

## Application for Membership

Prefix: Dr. \_\_\_\_ Professor \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Other \_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_

First Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Primary address for Directory of Members** (all correspondence will be directed to this address unless an alternate address is specified below)

Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Suite/Room/Apt: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box/Mail Stop: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Country: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

I wish to keep my data confidential and only used by the BSS.

I do not want my details included in the *Directory of Members*

**Non-published alternate address:** (direct correspondence to this address )

Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Suite/Room/Apt: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box/Mail Stop: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Country: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**SUBSPECIALTY:** \_\_\_\_\_

Please transfer membership fee (30.- Euro) to the following account:

Bank name: Caixa d'Estalvis i Pensions de Barcelona - 'La Caixa'  
Bank address: Passeig Bonanova 71-73, E-08017 Barcelona, Spain  
Account name: Associació Brainstem Society  
account number: 2100 0860 96 0200316919  
IBAN: ES5021000860960200316919  
Swift/BIC code: CAIXESBBXXX

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

*Please send completed form to:*

Markus Kofler, M.D.  
Hochzirl Hospital, Department of Neurology  
A-6170 Zirl  
Austria

[markus.kofler@i-med.ac.at](mailto:markus.kofler@i-med.ac.at)