

# European Narcolepsy Network (EU-NN)

## Membership Application Form

### MEMBER'S AGREEMENT

I declare that if I am elected as a member of EU-NN I agree to abide by the principles and policies of the EU-NN. All the particulars given in this application and accompanying letter are true to the best of my knowledge. I will pay the registration fee of € 1'000.

### Personal information

Title:

Full Name (in BLOCK LETTERS, underline surname):

Signature:

Date of birth:

Profession:

Position:

**Contact details** (please highlight the corresponding address):

Business address

Home address

Institution/Affiliation:

Street or Box:

Street or Box:

Postcode, City:

Postcode, City:

Country:

Country:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

**Payment of the membership fee** (*Fee is not refundable*)

After notification of membership (by the president of the EU-NN) please wire the outstanding amount of € 1'000 to:

Swiss Post, Postfinance, CH-3030 Bern

European Narcolepsy Network

Account-No. 91-230371-8, IBAN: CH46 0900 0000 912303718, BIC/SWIFT: POFICHBEXXX

I, the undersigned, desire to be elected as a member of the EU-NN.

I have enclosed the following:

- application-letter

City:

Date:

Signature:

*All data will be protected.*