



Application for Membership

Name of candidate :

Title :

Address :

E-mail:

Telephone: Fax :

Current institutional affiliation :

Academic training : Degree(s) and Awarding Institution(s):

Field of specializations :

Names of EACA Sponsors : 1)

2)

Please mail complete application and documentation to:

Dr. Bruno Grignon, Département d'Anatomie, Faculté de Médecine, 9, Avenue de la Forêt de Haye, BP 184, 54505 Vandœuvre Cedex, France – e-mail: b.grignon@chu-nancy.fr

or to

Dr. Veronica Macchi, Institute of Human Anatomy, University of Padova, via A. Gabelli, 65, 35121 Padova, Italy- e-mail: veronica.macchi@unipd.it

The membership fee should be paid by:

Bank transfer

Name of the bank: Banca Generali

Payable to: "EACA - ASSOCIAZIONE EUROPEA DI ANATOMIA CLINICA"

Account #: CC8500596032

SWIFT CODE: bgenit2t

IBAN: IT 16 H 03075 02200 CC8500596032

Reason for payment: Surname and Name, EACA2016

<input type="checkbox"/> full member € 275.- incl .subscription to the journal SRA	<input type="checkbox"/> Associate member € 60.- without subscription to the journal SRA
<input type="checkbox"/> Special rate member € 135.- (only for the 1st year membership) incl .subscription to the journal SRA	