

## European Narcolepsy Network (EUNN)

### Membership Application Form



EUROPEAN NARCOLEPSY NETWORK

#### MEMBER'S AGREEMENT

I declare that if I am elected as a member of EUNN I agree to abide by the principles and policies of the EUNN. 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:

Email:

#### Payment of the membership fee for new centers (Fee is not refundable )

#### Payment is not applicable for members of centers that have already paid a membership fee

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

European Narcolepsy Network c/o: Bank of Aland, PB 3, 22100 Mariehamn, Finland

IBAN: FI94 6601 0010 2170 24, BIC: AABAFI22

I, the undersigned, desire to be elected as a member of the EUNN.

I have enclosed an application letter

City:

Date:

Signature: