Application for Membership of the International Continence Society.
Please **TYPE** or use **CAPITAL LETTERS!**

Title / Degree .....

Family Name / Last Name.....(This will be used for alphabetical listing)

First Name/s .....

Profession / Speciality .....

Institution / Office Address **OR** Home Address :

.....

.....

City / State ..... Postal Code .....

Country ..... Mobile Phone.....

Phone ..... Fax .....

E-mail Address .....

Please indicate HERE, if you also want journals from previous years:

Journals from previous year 1 + £35 ☐
Journals from previous year 2 + £35 ☐

I wish to pay my £50 subscription for membership of the International Continence Society for the year ……...

☐ I am a member of SUFU and wish to pay the reduced subscription of £25 (no journals).

Please deduct the payment for membership and any extra journals from my; (please tick)

Access	☐	American Express	☐	Diners	☐
JCB	☐	Master/Eurocard	☐	Visa	☐
*Switch	☐	Solo	☐	Delta	☐

*Issue number (Switch only)

☐

Credit/Debit Card number

☐

Expiry date..... Name (as on card).....

Signature..... .....