EUROPEAN CETACEAN SOCIETY
MEMBERSHIP FORM

Membership is for one calendar year. Members receive the Society's Newsletter about two times a year and the Proceedings volume of the Annual Conference. Members are only those applicants whose payment has been received by the Treasurer. Student membership is for full-time students or the unemployed. Students must include a photocopy of their student ID card with their application.

Please type or write clearly – make sure that it is legible!

I would like to: ☐ join ☐ renew my membership As a ☐ Full ☐ Student ☐ Institutional member.

For the calendar year: **2 0 0 6**

Family Name:		First Name:	
Your long term mailing address: (for sending publications)			
	Street:		
	Postcode:		
	City:		
	Country:		
Affiliation: (if different from mailing address)			
Telephone:		E-mail:	
Fax:		Website:	

☐ I do **not** want my address included on a membership list, to be made available for members only

☐ I **would** like to receive the Newsletter only electronically (pdf files)

PAYMENT (in Euro, €): The annual subscription fee is **€ 39** for full members, **€ 77** for institutional members and **€ 23** for student members. For members outside of Europe, an additional **€ 15** will be charged for higher postage costs.

Payment must be in Euro. You are advised not to send cash. Payments in excess of the membership fee are gratefully accepted as donation to the Society.

No cheques will be accepted: excess of bank charge !!

I enclose: ☐ a bank transfer order in Euro (please make sure that the amount includes bank charges !) to:
Account: **Dr. Roland Lick, ECS; Postbank Hamburg (Germany)**
national: **Account No: 789 584 205, Bank Code: 200 100 20**
international: **IBAN-Account No: DE21 2001 0020 0789 5842 05, SWIFT-Code: PBNKDEFF**

Membership fee can also be paid by credit card directly to the ECS, please provide the following information:

☐ Visa *(only Visa is accepted, no other credit cards !!)*

Card no:					/					/					/					Exp. date			/		

Print name as it appears on credit card:	
Signature of cardholder:	

Please send or fax this completed membership form and your payment for membership fee to :

Dr. Roland Lick, Kaiserstr. 27 B, D-24143 Kiel, Germany.
(Fax: + 49–40–360 309 4854)