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### Membership Application

Name \_\_\_\_\_

Office address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Application as (please mark with a cross):

- Active member (neurosurgeon)   
Associate member (related or other speciality)   
Resident member (neurosurgeon in training)

Annual membership dues for active and associate members are 120 Euro, and for resident members 50 Euro.

Main interests in functional and stereotactic neurosurgery (mark):

- |                      |         |            |               |
|----------------------|---------|------------|---------------|
| Movement disorders   | Pain    | Epilepsy   | Neurooncology |
| Radiosurgery         | Imaging | Technology | Basic Science |
| Neurotransplantation | Other   |            |               |

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please attach a current curriculum to the application form and send it to one of the officers of the society.

## European Society for Stereotactic and Functional Neurosurgery

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