



Membership Form

Title: Prof. Dr. Mr. Mrs.

Surname Name: _____ First name: _____

Dept: _____ Institute: _____

Address: _____ P.O. Box: _____

Zip / Post Code: _____ City: _____ Country: _____

Private Address: _____

Zip / Post Code: _____ City: _____ Country: _____

Tel.: _____ Fax: _____ E-mail: _____

Membership categories and fees (select one)

- | | | | |
|--------------------|--------------------------|---------------------------|--------------|
| Lifetime: | <input type="checkbox"/> | Lifetime | 950.00 US \$ |
| | <input type="checkbox"/> | Journal * | 80.00 US \$ |
| Annual: | <input type="checkbox"/> | Annual full | 100.00 US \$ |
| | <input type="checkbox"/> | Journal * | 80.00 US \$ |
| | <input type="checkbox"/> | Annual Developing Country | 60.00 US \$ |
| | <input type="checkbox"/> | Journal * | 80.00 US \$ |
| | <input type="checkbox"/> | Resident ** | 60.00 US \$ |
| | <input type="checkbox"/> | Journal * | 80.00 US \$ |
| Associate: | <input type="checkbox"/> | Scientists, Paramedics | 60.00 US \$ |
| | <input type="checkbox"/> | Journal * | 80.00 US \$ |
| | <input type="checkbox"/> | Industrial | 350.00 US \$ |
| | <input type="checkbox"/> | Journal * | 80.00 US \$ |
| Corporate sponsor: | | | on request |

* "Journal of Minimally Invasive Gynecology" (formerly AAGL Journal)

** Resident must provide letter from Head of Department verifying training status

Method of payment:

Cheque (cheque enclosed made payable to the ISGE, US \$ only):

cheques should be mailed to: Dr. Robert T O'Shea
ISGE Secretariat
PO Box 310
Morphett Vale
South Australia 5162

Credit card (please write clearly):

Visa Eurocard / Mastercard American Express (four digits on the front of the card)

Number:

Expiration date: _____ Card validation code: (Last three/four digits on the back of the card)

Name on card: _____

Granting permission (please tick off and sign):

I, the undersigned give permission do not give permission, to publish my co-ordinates (name, address, email-address) on the ISGE Website

Signature: _____

Date: _____