

APPLICATION FOR MEMBERSHIP
OF THE
INTERNATIONAL SOCIETY OF ELECTROCARDIOLOGY

1. I wish to become a member of the Society.

NAME.....
(First Name) (Middle initials) (Surname)

Please **PRINT** clearly

ADDRESS

(Dept).....

(Hospital/University).....

Street.....

City.....

Country.....Postal(zip)code.....

Telephone Number.....FAX.....

e-mail address.....

2. My main interest is in the following (please tick those which apply)

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Mathematical Modelling | <input type="checkbox"/> Computer Applications | <input type="checkbox"/> Arrhythmias | <input type="checkbox"/> Electrophysiology |
| <input type="checkbox"/> Body Surface Mapping | <input type="checkbox"/> ECG Diagnostic Criteria | <input type="checkbox"/> Exercise ECG | <input type="checkbox"/> Signal averaged ECG |
| | <input type="checkbox"/> VCG | <input type="checkbox"/> Holter ECG | |

Other - please specify.....

3. The fee for lifetime membership is \$25. I wish to pay by:

- Cash: I enclose US \$25
- Cheque: I enclose a cheque for US \$25 made payable to International Society of Electrocardiology

Signature.....

Please return this form to:

Professor P.W. Macfarlane, International Society of Electrocardiology, Division of Cardiovascular and Medical Sciences, QEB, Royal Infirmary, 10 Alexandra Parade, Glasgow G31 2ER, Scotland