**GRS**

**The Growth Hormone Research Society**

**Secretariat: Department of Endocrinology and Internal Medicine**

**Aarhus University Hospital**

**Palle Juul Jensens Boulevard 99, DK-8200 Aarhus N, Denmark**

**email:** [**grs@clin.au.dk**](mailto:grs@clin.au.dk)

**webpage:** [**www.ghresearchsociety.org**](http://www.ghresearchsociety.org)

**MEMBERSHIP PAYMENT FORM**

|  |  |  |
| --- | --- | --- |
| FAMILY NAME: | |  |
| FIRST NAME: | |  |
| **ADDRESS FOR CORRESPONDENCE:** | | |
| STREET: |  | |
| CITY, POSTAL CODE: |  | |
| COUNTRY: |  | |
| TELEPHONE NUMBER: |  | |
| E-MAIL: (legible please) |  | |

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| **MEMBERSHIP FEE:** |  |
| **I want to become a member(lifelong membership)** | **USD 100** |

**Membership includes reduced subscription fee to the official journal of the Society and ensures reduced registration fee for the joint GRS/IGF Society meetings (further information on the webpage)**

Payment options: bank transfer or check.

Please CLEARLY INDICATE YOUR NAME on a bank transfer to the GRS:

PLEASE NOTE

\*\*THAT ALL BANK CHARGES ARE THE RESPONSIBILITY OF THE SENDER\*\*

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| **GRS Bank Account** |  |
| **DANSKE BANK**  Holmens Kanal 2-12  1092 Copenhagen K  Denmark  www.danskebank.dk  **BIC (SWIFT)**  DABADKKK  **IBAN** DK5330003630405327  **Bank account No.**  4605 3630405327 |

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**APPLICATION FOR MEMBERSHIP**

Thank you for your recent inquiry about becoming a member of the Growth Hormone Research Society. The payment form for membership is enclosed. Payment includes lifelong membership.

As the Society is based on individual memberships only, we would like to know something about your interest in the field of growth hormone and growth hormone related substances.

Please fill in the information requested and arrange for payment of the appropriate amount and **return this form to the Secretariat** [**GRS@clin.au.dk**](mailto:GRS@clin.au.dk)

Please PRINT OR TYPE

NAME AND ADDRESS:

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QUALIFICATIONS AND/OR ACADEMIC DEGREES:

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PRESENT PROFESSIONAL POSITION, PLACE OF WORK:

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I wish to become an Active Member of the Association, and shall abide by its Statutes.

|  |  |
| --- | --- |
| DATE: | SIGNATURE: |

Please attach a brief (1 page) **CURRICULUM VITAE.**