

GRS

The Growth Hormone Research Society
Secretariat: Medical Department M, Aarhus University Hospital
Nørrebrogade 44, DK-8000 Aarhus C, Denmark
Tel. +45 89492012 Fax. +45 86125013
email: grs@ki.au.dk
webpage: www.ghresearchsociety.org

2010-2011 MEMBERSHIP PAYMENT FORM

GRS MEMBERSHIP NUMBER:

Please print or type

FAMILY NAME:	
FIRST NAME:	
ADDRESS FOR CORRESPONDENCE:	
STREET:	
CITY:	
COUNTRY:	
TELEPHONE NUMBER:	
FAX NUMBER:	
E-MAIL: (legible please)	

MEMBERSHIP FEE 2010-2011 (biennial)

USD 80

Membership ensures reduced registration fee for the joint GRS/IGF Society meetings (further information on the webpage)

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

PLEASE NOTE

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

GRS Account Number:

Please remit direct to

DANSKE BANK
2-12, Holmens Kanal
DK-1092 Copenhagen K, Denmark
Telex 27000 - S.W.I.F.T. DABADKKK
IBAN DK53 3000 3630 4053 27
For the credit of our account No.

3627 3630405327

Please state account number in full

Growth Hormone & IGF Research

Official journal of the Growth Hormone Research Society
and the IGF Society.

For paid-up members the journal is available free
of charge.

I authorize the GRS to charge the above-mentioned amount to my CREDIT CARD.

<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Visa	Credit Card No:	
<input type="checkbox"/>	Eurocard	<input type="checkbox"/>	JCB	CVC (control number):	Expiry Date:

Date:	SIGNATURE:
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Please return this form (with a copy of the bank transfer) to the GRS secretariat.

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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.

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 or provide us with details of one of the listed credit cards and **return this form to the Secretariat**. If for any reason your application for membership is declined by the Council of the GRS, your payment will be refunded promptly.

Please PRINT OR TYPE

NAME AND ADDRESS:

QUALIFICATIONS AND/OR ACADEMIC DEGREES:

PRESENT PROFESSIONAL POSITION, PLACE OF WORK:

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

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