



## Membership Application Form 2024

1. Name:  Last Name:

2. Title:  Degree:  Position:

3. Speciality: Neurology  Neurosurgery  Neurophysiology  Psychiatry   
Neuroscience  Neurotechnology  Other:

4. Institution/Organization:

5. Professional Address:

6. Zip code:  City:  Country:

7. Telephone:  Email:

8. Membership Category: Full Membership (€50)  Student/Associate/Resident (€25)

9. Payment Methods:

Online payment by credit card:

<https://deep-brain-stimulation-society-658576c5bf9ad.assoconnect.com/collect/description/380940-t-membership>

Money transfer or remittance to our account as follows:

**Bank Name:** BPACA PESSAC CENTRE  
**Account Name:** Deep Brain Stimulation Society  
**Bank code:** 10907 **Agency code:** 00071  
**Account number:** 9622106150 **RIB Key:** 29  
**IBAN:** FR76 1090 7000 7196 2212 0615 029  
**SWIFT:** CCBPFRPPBDX

(Please provide a copy of the transaction slip and forward it to the [dbssociety.org@gmail.com](mailto:dbssociety.org@gmail.com) along with your Membership Application Form )

### OFFICE USE ONLY

Approval: Yes  No

Date of Payment:

Membership Number:

Name .....

Date .....

Signature .....