

International Society for the Prevention of Tobacco Induced Diseases

Application Form for Sustaining Membership

Please carefully read the conditions for membership given on the society's website (www.ptid.org) before fulfilling this form.

1. Title of the applicant OR representative of an applying institution:

<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
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2. Gender:

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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3. Name of the applicant (please use a typewriter or write in capital letters only):

Last name:		
First name:	Middle name:	

4. Date of Birth:

Day	Month	Year
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5. If you apply on behalf of an institution, what is the name & function of your institute / organization:

Name:
Function:
Location:
Website (if any):

6. Address of the applicant OR representative of an applying institution:

Division:		
Department:		
Institution:		
Street:		
City:	State:	Zip Code:
Country:		

7. Phone, Fax, eMail:

Phone: Country Code:	Area Code:	No.:
Fax: Country Code:	Area Code:	No.:
eMail:	@	

8. Education (Optional; you may skip if no answer desired):

Highest degree earned:
Major field of education:
University / city:
Year of graduation:

9. Contribution (tax-deductible in most countries):

<input type="checkbox"/> Annual contribution plan to support the society's all activities	€ / year
<input type="checkbox"/> Annual contribution plan to support the society's fostering research & education to the benefit of <i>children</i> only	€ / year
<input type="checkbox"/> One time contribution to support the society's all activities	€
<input type="checkbox"/> One time contribution to support the society's fostering research & education to the benefit of <i>children</i> only	€
Total contribution	€

<input type="checkbox"/> VISA	<input type="checkbox"/> Euro Card / Master Card
Card No.:	Expiration Date:
Name of the Card Holder:	Charge amount: €
Signature of the Card Holder:	Date:
<input type="checkbox"/> Bank transfer to the society's account: Account No. 42 11 835, Bank Location Code (BLZ): 360 400 39, CommerzBank, located in Essen, Germany.	
<input type="checkbox"/> A personal Euro-Check (Europeans only) payable to the order of the society is enclosed.	
<input type="checkbox"/> An international check payable to the order of the society is enclosed.	

10. Acknowledgements:

Hereby, I / we (my institution and I) would like to confirm that I / we have carefully reviewed the aims and scopes of this Society and the conditions for membership and agree with all. I / We have NOT been affiliated with any organization, company, industrial research or testing facility involved (directly or indirectly) in production, distribution, sales, or promotion of any tobacco product by any means. I am (we are) also aware that falsification of this shall lead to immediate termination of my / our membership and I / we shall be liable to civil claims of the Society for damages of any kind.

Print full name per hand:	
Date:	Signature: