



Membership Application and Renewal 2020

1) Member Information (Please type or print clearly):

Last Name : _____ **First Name:** _____
__ Mr. __ Ms. __ Mrs. Prefix _____ Suffix _____
Academic Degree: __ Student __ PhD __ MD __ Other (describe): _____
Institution/Company: _____
Department: _____
Mailing Address __ private __ Institution/Company
Address (Street): _____
Address (Building/Room etc.): _____ Country: _____
State: _____ Zip: _____ City: _____
Telephone: _____ FAX: _____
Email Address: _____
Area of Scientific Interest: _____

2) Membership option (please select only ONE) :

Current Member Renewals __ Regular Member Renewal __ Young Investigator Renewal
(please submit this form and payment)
New Member Application __ New Member Application __ New Young Investigator Application
(please submit **current curriculum vitae** with this form and payment)

3) Membership Fees:

Regular Member: __ US\$250.00 (Electronic copy only)
Regular Member: __ US\$300.00 (Electronic and print copy)
Young Investigator: __ US\$95.00 (Electronic copy only) **No Fees For 3 Years For New Young Invest.!**
__ I have access to *Psychoneuroendocrinology* through my university / research institution

4) Method of Payment (Please choose only ONE option):

__ Online Payment via www.ispne.net (safest and preferred option!)

Check (Check payable to ISPNE in US Dollars)

__ Credit Card (VISA, Mastercard, American Express)

Card Number: _____ **CVV code:** _____ **Expiration Date:** ____ / ____
Month Year

Cardholder Name: _____ **Signature:** _____

Billing Address associated with Credit Card:

Address: _____ **Country:** _____

State: _____ **Zip:** _____ **City:** _____

Telephone: _____ **FAX:** _____

(including country code)

Please return this form to:

membership@ispne.net

or

Nicolas Rohleder
Secretary-General, ISPNE
Email: nicolas.rohleder@fau.de

If you elect to pay by check:

make check payable to:

„International Society of Psychoneuroendocrinology“

mail check to:

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Waltham, MA, 02453, USA