



## INTERNATIONAL SOCIETY OF INTRAOPERATIVE NEUROPHYSIOLOGY

### Membership Application

The goal of ISIN (International Society of Intraoperative Neurophysiology) is pursuing the advancement and excellence in intra and peri-operative neurophysiology. To apply for a membership please fill in this form and hand it in along with the required documents.

#### Categories of Membership (choose one)

- Active member: Active members shall be MDs, PhDs, or doctorate level clinical neurophysiologists, with a primary function or active interest in Intraoperative Neurophysiology.
- Annual membership fee: 150 €, one-time admission fee: € 50,00.
  - Please **include your CV and a copy of your certificate(s)** in the application.
- Associate member: Active Supporters shall be registered technicians and nurses active in Intraoperative Neurophysiology.
- Membership fee: 50 €, one-time admission fee: €50,00.
  - Please **include your CV** in the application.
- Senior member: At any time of retirement from active Intraoperative Neurophysiology, members and supporters may apply to the Executive Board for Senior Membership.
- The one-time admission fee: € 50,00.
  - Please **include your CV** in the application

#### Check all disciplines that apply

- |   |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Neurology       | <input type="checkbox"/> ENT             | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Cardiology     | <input type="checkbox"/> Neurosurgery    | <input type="checkbox"/> Cardio-thoracic | <input type="checkbox"/> Nurse        | <input type="checkbox"/> CRNA          |
| <input type="checkbox"/> Orthopedics    | <input type="checkbox"/> Neurophysiology | <input type="checkbox"/> Engineer        | <input type="checkbox"/> Technician   | <input type="checkbox"/> Other _____   |

Specialty: \_\_\_\_\_

#### Personal details

Female  Male

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone and Fax:

country code: \_\_\_\_\_ number: \_\_\_\_\_

country code: \_\_\_\_\_ number: \_\_\_\_\_

E-mail: \_\_\_\_\_

I've included all required documents

Signature: \_\_\_\_\_

Send application including documents by e-mail to: [isin@imk.ch](mailto:isin@imk.ch)

#### Payment

We kindly ask you to transfer the admission fee (50 €) to the following bank account:

UBS account EUR  
Address bank UBS AG, Postfach 4473, 4002 Basel  
Account holder ISIN International Society of Intraoperative  
Neurophysiology c/o IMK AG,  
Münsterberg 1, 4051 Basel  
Account-Nr. 0233-577310.60W  
IBAN CH75 0023 3233 5773 1060 W  
SWIFT UBSWCHZH80A  
Clearing-Nr. 233

#### Contact

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