

**Membership Application Form 2007**  
**Research Experience of Stem Cells in EUrope (RESCUE) Society**  
[www.rescuesociety.org](http://www.rescuesociety.org), [rescue.society@gmx.de](mailto:rescue.society@gmx.de)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

§ Area of research:

- Human Embryonic Stem Cells       Mouse Embryonic Stem Cells  
 Adult Stem Cells, namely: \_\_\_\_\_  
 Cancer Stem Cells       Other: \_\_\_\_\_

§ Fields of interest:

- Developmental Biology       Transplantation Biology  
 Animal Models       Cell Therapy  
 Genomics       Gene Therapy  
 Proteomics       Culture Methods  
 Cancer Biology       Tissue Engineering  
 Cloning       Other \_\_\_\_\_

§ I wish to subscribe to the following membership:

- Regular Academic Membership      Fee: EUR 30 / CHF 48 / GBP 20  
 Junior Academic Membership      Fee: EUR 15 / CHF 24 / GBP 10

(please enclose an student ID card, an affirmation by your supervisor stating you are a student or postdoctoral fellow in his/her lab)

- Industrial Membership      Fee: EUR 60 / CHF 96 / GBP 40  
 Institutional Membership      Fee: EUR150 /CHF240 / GBP100

§ **Donation:** I wish to donate an amount of \_\_\_\_\_ to the society for general society activity, or specifically for the purpose of \_\_\_\_\_ (fellowship, public education, etc)

Amount paid total \_\_\_\_\_

§ **Methods of payment:**

- Cash**  
 **Check:** Personal-, travel-, bank-check  
 **Bank Transfer: Bank Name:** Credit Suisse

**Postmail address:** St. Alban-Graben 1-3, Postfach 2560, CH 4002 Basel, Switzerland

**BIC (SWIFT-Code):** CRESCHZZ40A

**Account Nr.:** 0060 50673 52 (EUR) / 0060 50673 51 (CHF) / 0060 50673 52 3 (GBP)

**Account Name:** Rescue Society, CHEN-WÜ

**IBAN:** CH95 0406 0005 0673 5200 0 (EUR) / CH32 0406 0005 0673 5100 0 (CHF) /

- CH14 0406 0005 0673 52 00 3 (GBP)

- \*Credit Card (\*outsourc):**       Visa       Master Card

Card Holder's name \_\_\_\_\_

Card number \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_

Card Security Code \_\_\_\_ (last 4-digit/3-digit code on the card back side)

Date \_\_\_\_\_ Signature \_\_\_\_\_

Your membership application will only be processed once your payment has been received.  
(The membership form is designed by Dr. Sandy Litjens, Utrecht, The Netherlands, 10.2006)

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**Receipt of your Membership fee for RESCUE Society 2007**

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Total amount paid: \_\_\_\_\_ Date: \_\_\_\_\_

(Cash) received and signed by: \_\_\_\_\_