



# NEUROOTOLOGICAL AND EQUILIBRIOMETRIC SOCIETY (NES) (Neurootológiai és Equilibrimetriai Társaság)

## Application for Membership of the NES

To the

Neurootological and Equilibrimetric Society Reg. (NES)

Szigony utca 36. H- 1083, Budapest, Hungary

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Herewith I apply for the membership in the Neurootological and Equilibrimetric Society, (NES)

Prefix:     - Prof.         - Dr.         - Other:

First name:

Last name:

Institution:

Address:

*street*

*house nr.*

*country*

*zip code*

*city*

Telephone:

E-mail:

In case of being accepted the NES is authorized by me, to annually draft the membership fee of 50 Euro from my bank account number by bank transfer of the bank account number of the NES.

**Bank name and address: OTP Bank Nyrt., 1051 Budapest, Nádor u. 16.**

**Name of account: NES**

**Account number: 11718000-21102217-00000000**

**Please indicate/A fizetési számla elnevezése: NES**

**IBAN: HU08 11718000-21102217-00000000**

**SWIFT code: OTPVHUBB**

I know that I can end this drafting by written cancellation.

Date

Signature

Please send this Application via Fax (+36-1-3333316) and E-mail ([szirmai.agnes@med.semmelweis-univ.hu](mailto:szirmai.agnes@med.semmelweis-univ.hu))