

Application for Membership 2017/2018

STUDENT OFFER – FIRST YEAR FREE



Please print clearly and complete all boxes

Title: Professor/Dr/Mr/Ms/Mrs/Miss Other Gender: Male/Female/Rather Not Say	
First name:	Family name:
Home address: <input type="checkbox"/> Make this my correspondence address	
Telephone number: Personal email address:	
Study centre address: <input type="checkbox"/> Make this my correspondence address	
Telephone number: Study centre email address:	
Mobile telephone number:	Membership of the European Microscopy Society (EMS) Membership of the EMS is a benefit offered to all new Royal Microscopical Society members; it will be paid for and completed on your behalf by the RMS <input type="checkbox"/> I wish to be made a member of the EMS <input type="checkbox"/> I am already a member of the EMS The EMS will be provided with your contact details for their membership database and will keep you up to date with European microscopy activities via email and will post their Annual Yearbook to you. If you do not have an email address we are unable to add your details to the EMS database.
Date of Birth:	
I wish to apply for: Student - First Year Free <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> PhD	
Please indicate your main areas of interest: Life Sciences <input type="checkbox"/> Materials Sciences <input type="checkbox"/> Light Microscopy <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Electron Microscopy <input type="checkbox"/> SPM <input type="checkbox"/> Other (please specify) <input style="width: 150px;" type="text"/>	
Signature of supervisor: Supervisor's email: Study Centre: Course Title: Date Course Started: Predicted Year of Graduation:	
Your signature: Date:	

How did you hear about us?

Advert in publication

Which one?

Word of mouth / from a member of the Society

Who?

On the internet

Which site?

RMS Publicity

What?

Event

Which one?

Other

Please Specify

Please complete the whole form and return it to:

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