



WASOG

World Association of Sarcoidosis and Other Granulomatous Disorders

APPLICATION FOR MEMBERSHIP

Family Name	First Name	Degree(s)	Date of Birth
Institution/Clinic/Department/Division			
Street and n., Zip Code, City, Country			
Home Address (only if you want to receive all communications and Journal at home)			
Phone	Fax	E-mail	
Affiliation: Private Practice <input type="checkbox"/> University <input type="checkbox"/>		Present Position:	
Hospital <input type="checkbox"/> Industry <input type="checkbox"/>		Areas of Interest: Clinical <input type="checkbox"/> Research <input type="checkbox"/>	
Other information, including any publication (no more than three) supporting your application:			

I wish to become a member of WASOG. I understand that my membership becomes effective only after payment of the annual fee of **60,00 Euro**. Only then shall I receive the Journal *Sarcoidosis, Vasculitis and Diffuse Lung Diseases*.

Date:

Signature:

The annual fee (60,00 Euro or the equivalent in US Dollars) can be paid:

- by **credit card**, including **VISA, MasterCard, Eurocard, & CartaSI**. This form of payment is highly recommended. If you wish to use your credit card, please carefully fill in the following section and return this form to the Treasurer

Type of Credit Card:	Visa	Mastercard	Eurocard	Cartasi
----------------------	------	------------	----------	---------

Cardholder's Name (in CAPITAL LETTERS):

First name:

Surname:

Complete Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CVV Code: (the last 3

Expiry date:

Signature:

numbers on the back of the card)

M M Y Y

--	--	--

--	--	--	--

- by sending a check or money order payable to WASOG. Please note that all bank charges must be covered by the sender and your name **MUST** be referenced to receive proper credit.

This form and the remittance of payment must be sent to the WASOG Treasurer (Fax # ++39-049-821 1970):

Prof. Gianpietro Semenzato,
 Università degli Studi di Padova,
 Dip. Medicina Clinica e Sperimentale,
 Immunologia Clinica,
 Via Giustiniani 2,
 35128 PADOVA - Italy

I would like to receive a receipt of payment.

Membership includes access to the 'members only' section on our website www.wasog.org. Do you give permission to display your contact details in the member roster on this secured area (for details please visit www.wasog.org/disclaimer.htm)?

yes. If yes, please provide up to 5 keywords describing your speciality or research focus: