

**APPLICATION FORM ESTD**

European Society for Trauma and Dissociation 1ste Hogeweg 16-a 3701 HK Zeist The Netherlands Phone: 0031 30 6977841 Fax: 0031 30 6977841
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Mr. or Ms. / Family name *	
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Initials and First name *	
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Email Address *	
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Profession *	
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Title	
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Home: Address *	
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Home: Phone Number	
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Home: Postal Code and City *	
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Country of Residence *	
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Website	
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Work: Address *	
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Work: Postal Code and City *	
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Work: Email Address *	
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*Please make sure you indicate where you want **ESTD** mail to be sent to.*

I prefer ESTD mail sent to my *	
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- |                                 |
|---------------------------------|
| <input type="checkbox"/> Home   |
| <input type="checkbox"/> Office |

Application Form European Society for Trauma and Dissociation, ESTD 2  
Membership Categories and fees.

Full: € 50.00

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Discounted: €15

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Student: €30

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Student member applicants are requested to send a copy of a current and valid proof of student status by e-mail or postal mail to the ESTD secretariat.

For people from the following countries the reduced fee of €15 applies.

Albania, Armenia, Azerbadjan, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Latvia, Lithuania, Macedonia, Montenegro, Poland, Rumania, Russian Federation, Serbia, Slovak Republic, Slovenia, Ukraine.

(See address above).

The Society's financial year runs from January 1 through December 31.

Membership fees are not pro-rated.

Membership applications received after 1 September will be made effective as of 1 January of the following year.

**Questions and remarks:**

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Direct payment:

Bank: ABN-AMRO: 52.66.02.007

Swift/Bic: ABNANL2A

Iban: NL76ABNA0526602007

Internet payment

Paypal through [estd.org](http://estd.org)