



## Application for Membership

Name of candidate : .....

Title : .....

Address : .....

E-mail: .....

Telephone: ..... Fax : .....

Current institutional affiliation : .....

Academic training : Degree(s) and Awarding Institution(s): .....

Field of specializations : .....

Names of EACA Sponsors : 1) .....

2) .....

Please mail complete application and documentation to:

Dr. Bruno Grignon, Département d'Anatomie, Faculté de Médecine, 9, Avenue de la Forêt de Haye, BP 184, 54505 Vandœuvre Cedex, France – e-mail: [b.grignon@chu-nancy.fr](mailto:b.grignon@chu-nancy.fr)

*or to*

Mag. Barbara Weninger, Institut für Anatomie, Medizinische Universität Graz, Harrachgasse 21, 8010 Graz, Austria - Tel: ++43 380 4228, Fax: ++43 380 9620, e-mail: [barbara.weninger@medunigraz.at](mailto:barbara.weninger@medunigraz.at)

**The membership fee should be paid to the following account either by:**

**Bank transfer**

Bank Austria-Creditanstalt AG, Harrachgasse 23, 8010 Graz,  
Payable to: "EACA", Account #: 07884282000, Bank Code: 12000  
SWIFT CODE: bkauatww  
IBAN: AT14 1100 0078 8428 2000

**or by credit card:**

VISA

MASTERCARD

Name of cardholder : .....

Number of card :    □□□□ □□□□ □□□□ □□□□

Expires on :        \_\_\_ / \_\_\_

Safety Code:        \_\_\_\_\_

full member € 275.-  
incl .subscription to the journal SRA

Associate member € 60.-  
without subscription to the journal SRA