



APPLICATION FOR / RENEWAL OF ISHG MEMBERSHIP 2007

Surname & title: _____

Forename(s): _____

Address: _____

Telephone: _____ *Fax:* _____

e-mail: _____

Qualifications: BA/BSc [] MB [] MSc [] MD [] PhD [] (please tick)

Current position: _____

Special areas of interest in human genetics (please tick no more than 3):

- | | | | | | |
|---------------------|-----|------------------------|-----|----------------------|-----|
| Cytogenetics | [] | Molecular genetics | [] | Prenatal diagnostics | [] |
| Clinical genetics | [] | Positional cloning | [] | Cancer genetics | [] |
| Paediatric genetics | [] | Metabolic disease | [] | Diagnostics | [] |
| Gene therapy | [] | Population genetics | [] | Molecular evolution | [] |
| Linkage mapping | [] | Ethical / legal issues | [] | Dysmorphology | [] |
| Forensic genetics | [] | | | | |

Ordinary membership €35 [] Reduced membership €25 * []

(* *i.e.* no taxable income)

Overseas membership €35 [] Corporate membership €500 []

Method of payment: Cheque / bank draft enclosed (payable to ISHG) []

Please charge my credit card: VISA [] Mastercard []

Card Number: _____ Expiry date : _____

Signature: _____

RETURN TO: Denis Shields, Bioinformatics Laboratory,
 UCD Conway Institute, Belfield, Dublin 4, Ireland.
 Tel.: +353-7166831; Fax: +353-1-7166701; e-mail: denis.shields@ucd.ie