

**Affiliate Membership**

**Dutch Headache Society**

**(Nederlandse Hoofdpijn Vereniging)**

**Online-only membership**

* Online subscription to **Cephalalgia**, published **14 times** per year
* Online access to **Cephalalgia** and **The Neuroscientist** via the IHS website

Free download of **Cephalalgia** Apps

Access to the **Online Learning Centre** and the members’ pages of the IHS website

Entitlement to apply for **IHS Fellowships**

* Early access to IHS guidelines and other publications
* **Reduced registration** to biennial International Headache Congress (next IHC 2019, Dublin, Ireland)

**Membership application - declaration *must* be completed by all applicants:**

[ ]  Please accept my application for membership, and in the event of being accepted I hereby consent

to membership in IHS and will abide by the Memorandum and Articles of Association.

[ ]  I certify that I am professionally engaged or interested in headache or related fields.
[ ]  I agree to the Company's request to send or supply documents and information to me in electronic form.

Preferred website Username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred website Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(to enable access to the members area (including Cephalalgia and Learning Centre) of the IHS website)

Name in capitals and signature of applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name in capitals) (Signature)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purely clinical/Basic research/Clinical research (delete as appropriate)

To keep our costs low, most of our communication is now done by email. Please ensure you provide an email address.

***Affiliate Society***

I confirm I am a member of the Dutch Headache Society (NHV), an Affiliate Member Society of the International Headache Society.

Membership fees (€85) should be paid to IHS.

***Method of payment***

Membership is on a calendar-year basis.

**Please charge my:** **[ ]** VISA **[ ]**  Mastercard [ ]  AmEx for € 85.00

Card no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (as on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your contact details will be included in our website members directory which is available ONLY to other IHS members. If you do not wish to be included please tick here* .

*In the normal course of business, your details may be shared with IHS' associates. Please tick this box if you do not consent to this* .

**Send to:** International Headache Society, 52-53 Russell Square, London, WC1B 4HP, UK

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