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**Affiliate Membership Application Form**

**MTÜ Eesti Peavalu Selts (Estonian Headache Society)**

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**Online-only membership**

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

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 Congresses
* Voting rights and eligibility to sit on IHS committees

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

[x]  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.

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

Preferred IHS 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

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(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***

[x]  I confirm I am a member of the MTÜ **Eesti Peavalu Selts (Estonian Headache Society)**, an Affiliate Member Society of the International Headache Society.

Membership fees (85€) should be paid to IHS. Membership is on a calendar-year basis.

***Method of payment***

You will receive the membership payment form upon an approval of the present application by the MTÜ **Eesti Peavalu Selts (Estonian Headache Society).**

*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* .