

**APPLICATION OF MEMBERSHIP**  
**to the European Restless Legs Syndrome Study Group e.V.**

*Please fill out in type!!*

Name:	_____		
Title (e.g. Prof, MD):	_____		
Birth-Date:	_____	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
Hospital/Dept.:	_____ _____		
Street:	_____		
ZIP-Code:	_____	Town:	_____
Country:	_____	State:	_____
Phone:	(++ _____)-	_____	- _____
Fax:	(++ _____)-	_____	- _____
E-mail:	_____		

Herewith I declare that I want to become a member of the EURLSSG e.V. according to the bylaws (see <http://www.eurlssg.org>)  
Membership information under: <http://www.eurlssg.org/index.php/membership.html>

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>Return to:</b>  EURLSSG - Office c/o Sabine Panier Kirchstetten 14a  87754 Kammlach	<b>Or fax:</b>  ++49-8261-759-114  <b>or email:</b>  office@eurlssg.org  <a href="http://www.eurlssg.org">http://www.eurlssg.org</a>
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