



Join the IHS

- Subscription to **Cephalalgia**, published 12 times per year
- **Free** 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 Congress

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 have attached a copy of my current Curriculum Vitae (required)
- I agree to the Company's request to send or supply documents and information to me in electronic form.
- I agree to the Company's request to send or supply a notice of ballot to elect Trustees of the Charity, associated ballot papers containing the names of each nominee and the position for which they have been nominated, and voting documents to me via the Website.

Chosen Category of membership (please tick): Full membership Online-only membership

Preferred website Username: _____ Preferred website Password: _____
(to enable access to the members area (including Cephalalgia and Learning Centre) of the IHS website)

I certify that I am a clinical trainee or full-time student and aged 35 years or under, Date of birth: ____/____/____
or a practising nurse specialising in headache, and am eligible for the reduced membership fee

Name in capitals and signature of applicant

(Name in capitals)

(Signature)

Address _____

Telephone: _____ Fax: _____

E-mail: _____ Specialty: _____

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

Method of payment

Membership is on a calendar-year basis. Membership fee for 2010: US\$195 (full rate), US\$ 99 (online-only rate [US\$ 60 from 1 July]), US\$60 (clinical trainee or full-time student rate).

Please charge my: VISA Eurocard/Mastercard AmEx

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, 41 Welbeck Street, London W1G 8EA UK.

E-mail: carol.taylor@i-h-s.org; Fax: +44 207 504 8788