

## Application for Individual Membership

<b>Profession</b>	Physician	Physician Emeritus	Nurse Technician Other: _____
<b>Membership Plan</b>	90 € (incl. TRASCI*)	45 € (incl. TRASCI*)	with TRASCI*: 75 € without TRASCI*: 35 €

\*Digital subscription to the journal "Transfusion and Apheresis Science"

### Name and Address

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street and Number: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Fields of interest:** \_\_\_\_\_

\_\_\_\_\_

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

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

Please submit the filled-out form to [gerda.leitner@roteskreuz.at](mailto:gerda.leitner@roteskreuz.at).