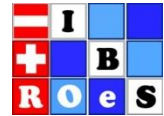


International Biometric Society
Austro-Swiss Region / Region Österreich-Schweiz (ROeS)



Application for membership / Bewerbung um Mitgliedschaft / Requête en vue de devenir membre

Last Name / Nachname / Nom: _____

First Name / Vorname / Prénom: _____

Title / Titel / Titre: _____

Organization / Organisation / Organisation: _____

Address / Adresse / Adresse:

Telephone / Telefon / Téléphone: _____

e-mail: _____

(required for online access to journals and e-mail announcements)

Membership category / Kategorie bei Mitgliedschaft / Catégorie de membre

- Regular member** (EUR/CHF 75)
voting privileges, right to hold elective office,
online access to *JABES*, *Biometrics*, and *Biometrical Journal*
 optional: *Biometrics* hardcopy (additional charge, EUR/CHF 10)
- Senior retiree member** (EUR/CHF 30)
voting privileges, right to hold elective office,
online access to *JABES*, *Biometrics*, and *Biometrical Journal*
 optional: *Biometrics* hardcopy (additional charge, EUR/CHF 10)
- Student member** (free membership) Name of major professor (please print):
online access to *JABES* and *Biometrics* _____
- Associate member** (free membership)
applicable for IBS members of other regions, please specify region: _____

The following options are applicable for all membership categories:

- Newsletters & announcements by e-mail No Yes
Newsletters also in hardcopy No Yes

Signature of applicant / Unterschrift des Bewerbers / Signature du requérant

Date / Datum / Date

Please send the signed application form to the ROeS treasurer:

Mrs. Shu-Fang Hsu Schmitz
IMSV, Universität Bern
Alpeneggstrasse 22
3012 Bern
Switzerland

e-mail: shu-fang.hsu@stat.unibe.ch
Fax: +41-31-631 38 70

An invoice with information of payment methods will be sent to you afterwards.