



European Society of Veterinary Clinical Ethology

Individual Membership Application/Renewal Form

I wish to apply for membership/renew my membership* of the **ESVCE**

(Individual membership renewals should be received by 1 March of each year)

Full Membership (Veterinarian)	40 Euros	*
Affiliate membership (Non veterinarian)	30 Euros	*
Special rate (students, 1st year veterinarians, or anyone on a low income (proof required)).	20 Euros	*

* please tick

Please fill in the details below.

Name _____

Qualification _____

Address : _____

Tel: _____ Fax: _____

Email: _____

Payment Paypal

Should you wish to pay by bank transfer please contact **Rudy de Meester** rudydemeester@telenet.be (**ESVCE treasurer**). He will fax you the bank details. Please ensure you include your fax number in the request. For security reasons these details will not be sent by email)

Please send your completed application to: **Christine Halsberghe (ESVCE membership secretary)**

Deken Camerlyncklaan 14

8500 Kortrijk

BELGIUM

E-mail: christine.halsberghe@telenet.be