



# WORLD FEDERATION OF SOCIETIES OF BIOLOGICAL PSYCHIATRY

## INDIVIDUAL MEMBERSHIP APPLICATION

Please complete and return by email to the WFSBP Global Headquarters via [info@wfsbp.org](mailto:info@wfsbp.org)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ACADEMIC TITLE: \_\_\_\_\_ INSTITUTION'S NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ REGION: \_\_\_\_\_

GENDER: ☐ Male ☐ Female ☐ Diverse

AREA OF SPECIALTY: \_\_\_\_\_

The above indicated address is my: ☐ Private address ☐ Business address

☐ Yes, I would like to obtain a membership in the World Federation of Societies of Biological Psychiatry and receive all members benefit for \$12.50 per year.

☐ I will inform WFSBP as soon as any of my personal details will change.

### PAYMENT OPTIONS

☐ **CREDIT CARD:** I would like to be invoiced for my membership dues and to pay via credit card.

☐ **WIRE TRANSFER:** I have transferred my membership fee on the following account and have noted that all bank fees should be charged to the client, not to WFSBP.

Account name: World Federation of Societies of Biological Psychiatry

Bank name: Truist Bank

Bank address: 401 Commerce Street, Suite 4400, Nashville, TN 37219, United States

SWIFT: BRBTUS33

ACCOUNT: 1430004855416

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

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