



Affiliate Membership Japanese Headache Society

Online-only membership

- Online subscription to **Cephalalgia**, published **14 times** per year
- 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
- Free download of **Cephalalgia** App
- Entitlement to apply for **IHS Fellowships**
- Early access to IHS guidelines and other publications
- **Reduced registration** to biennial International Headache Congress (next IHC 2017, Vancouver, Canada)

Membership application - declaration *must* be completed by all applicants:

下記のボックスに全てチェックを入れる

- 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 agree to the Company's request to send or supply documents and information to me in electronic form.

Preferred website Username: 例: TaroYamada1975 Preferred website Password: 希望パスワードを記入
(to enable access to the members area (including Cephalalgia and Learning Centre) of the IHS website)

Name in capitals and signature of applicant

TARO YAMADA 署名を記入
(Name in capitals) (Signature)

Address 1-1-1 Shinjuku, Shinjuku-ku, Tokyo 111-1111, Japan

Telephone: +81-3-1111-1111 Fax: +81-3-1111-1112

E-mail: aaaaa@aa.ac.jp

Specialty: Neurology Purely clinical/~~Basic research~~/~~Clinical research~~ (delete as appropriate)
この部分は違うものは線で消す。臨床だけなら一番左のみ残す。

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

Affiliate Society

I confirm I am a member of the Japanese Headache Society, an Affiliate Member Society of the International Headache Society.

Membership fees (US\$ 120) should be paid to IHS.

Method of payment

Membership is on a calendar-year basis.

Please charge my: VISA Eurocard/Mastercard AmEx for US\$ 120 ←カード会社を選んでチェック

Card no: カード番号を記入 Expiry date: 例: 12/2017

Name (as on card): Taro Yamada

Signature: 署名を記入

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 ←国際頭痛学会ウェブサイト会員名簿に記載されたくない場合はチェック
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 ←国際頭痛学会の業務について自分の個人情報を使用されたくない場合はチェック

Send to: International Headache Society, 52-53 Russell Square, London, WC1B 4HP, UK
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