



Undersigned (name and first name):

Full Address:

E-mail Address:

INAMI/RIZIV Number:

(National Belgian Institute for Social Security)

Certified specialist in anesthesiology

Specialist in training

Would like to become member of the **Society for Anesthesia and Resuscitation of Belgium**

as **associated member**

titular member

Membership contribution SARB (membership effective after receipt of payment, membership expires 31st Dec)

220 EUR titular member (*under certain conditions, see our statutes*)

200 EUR certified specialist in anesthesiology

150 EUR specialist in training

80 EUR specialists in their 1st year of training who started the second half of the civil year can benefit from a reduced rate to become member for the rest of that civil year (until december)

to be transfered into account number : 001-5090758-80 of the SARB,

Prof. Dr. L. Herregods (Treasurer)

Buissestraat 52 B, 9690 Kluisbergen, Belgium

For payments from abroad: IBAN BE 470015 09075880, Swift GEBABEBB

Date

Signature

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Return this form to : Secretariat BVAR / SBAR / SARB
UZ. K.U.Leuven, Anesthesia Department
Herestraat 49
3000 Leuven
Belgium
bvar.sbar@uz.kuleuven.ac.be