



Request for Admission to Membership of the S.I.E.P.M.

Name : M./Mrs./Miss

First Name :

Position :

Nationality :

Birthday :

Address : Institution :

Street and Number :

Postal Number, Place, Country :

Tel. : Fax : E-mail :

I wish to become a full member with the right to receive the annual Bulletin de philosophie médiévale (EUR 29,75) *

I wish to become a member, without receiving the annual Bulletin de philosophie médiévale (EUR 8,68) *

Credentials (sponsorship of two full members of the S.I.E.P.M.)

1 — Name and signature :

2 — Name and signature :

Research area :

Doctoral thesis title :

Maintaining date :

Publication date and place:

Published works (out of press) :

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In progress :

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I accept to pay regularly the annual member's fee to the secretary's office of the S.I.E.P.M.

(signature) :

Form to be sent to the Secrétariat of the S.I.E.P.M., Place Cardinal Mercier 14, B-1348 LOUVAIN-LA-NEUVE (Belgium). Tel.: +32-10.47.48.07; fax: +32-10.47.82.85; e-mail: hamesse@risp.ucl.ac.be or siepm@isp.ucl.ac.be

* Place a tick in the appropriate circle.