**MEMBERSHIP APPLICATION**

**European Society for the History of the Human Sciences**

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| 1. Please fill out the form below and send it, preferably by e-mail, to the ESHHS Secretary 2. Please make arrangements to pay the membership dues as explained on [www.eshhs.eu](http://www.eshhs.eu) |

FAMILY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
FIRST NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
INSTITUTIONAL AFFILIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
PREFERRED MAILING ADDRESS:  
   
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Office phone: Country code: \_\_\_  City code: \_\_\_\_   Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Home phone: Country code: \_\_\_  City code: \_\_\_\_   Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Fax: Country code: \_\_\_  City code: \_\_\_\_   Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
   
E-Mail Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
AREAS OF RESEARCH:  
   
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ADDITIONAL AREAS OF INTEREST:  
   
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