

MEMBERSHIP APPLICATION

European Society for the History of the Human Sciences

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| <ol style="list-style-type: none">1. Please fill out the form below and send it, preferably by e-mail, to the ESHHS Secretary2. Please make arrangements to pay the membership dues as explained on www.eshhs.eu |
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FAMILY NAME: _____

FIRST NAME(S): _____

TITLE: _____

INSTITUTIONAL AFFILIATION: _____

PREFERRED MAILING ADDRESS:

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:

ADDITIONAL AREAS OF INTEREST:
