



The Eastern Association of Electroencephalographers

APPLICATION FOR MEMBERSHIP

Name: _____ Degrees: _____

Professional Address: _____

Business Tel: _____

Home Address: _____

Please check where you prefer notices to be sent: Office Home

Major area of interest: _____

A Curriculum Vitae or a list of publications can be appended to let us know your areas of interests. Please include a 50\$ check payable to EAEEG.

Date of Application: _____ Signature: _____

Please complete and mail to:

Dr WM Burnham
Department of Pharmacology
University of Toronto
1 King's College Circle, Room 4303
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