

**EUROPEAN SOCIETY FOR COGNITIVE PSYCHOLOGY  
MEMBERSHIP PROPOSAL FORM**

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DATE OF BIRTH .....

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STREET, NR: .....  
ZIP CODE, CITY: .....  
COUNTRY: .....  
E-MAIL ADDRESS: .....  
TELEPHONE: country code..... number.....  
FAX:            country code..... number.....  
HTTP: .....

| <b>DEGREES</b>         | <b>YEAR OF DEGREE &amp; UNIVERSITY</b> |
|------------------------|--|
| Bachelor or equivalent | .... ..                                |
| Master or equivalent   | .... ..                                |
| PhD                    | .... ..                                |

**CURRENT RESEARCH INTERESTS**

|        |        |
|--------|--------|
| 1..... | 4..... |
| 2..... | 5..... |
| 3..... | 6..... |

**RECENT PUBLICATIONS:**

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NAME FULL MEMBER: .....  
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