



Application for Junior Researcher Membership of the International Society for Affective Disorders

Please complete all boxes marked with an * on the application form below. In particular please ensure that we have your correct email address.

Personal Details:

*Title		*Email	
*First Name		Telephone	
*Surname		Fax	
*Job Title			
*Address 1			
*Address 2			
Address 3			
Address 4			
*Town			
*Country			
*Zip/Postal Code			

Areas of Professional Interest:

* Please select and tick (maximum) 5 Keywords that describe your interests in Affective Disorders

<input type="checkbox"/>	Adherence	<input type="checkbox"/>	Dysthymia	<input type="checkbox"/>	Phobia
<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	Post Traumatic Stress Disorder
<input type="checkbox"/>	Aetiology	<input type="checkbox"/>	ECT/TMS	<input type="checkbox"/>	Postpartum depression
<input type="checkbox"/>	Affective disorder	<input type="checkbox"/>	Epidemiology	<input type="checkbox"/>	Primary Care
<input type="checkbox"/>	Animal models	<input type="checkbox"/>	Genetics	<input type="checkbox"/>	Psychological Therapies
<input type="checkbox"/>	Antidepressants	<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Antimanics	<input type="checkbox"/>	Health services	<input type="checkbox"/>	Psychopharmacology
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Hypomania	<input type="checkbox"/>	Psychosocial Interventions
<input type="checkbox"/>	Atypical depression	<input type="checkbox"/>	Light therapy	<input type="checkbox"/>	Quality of Life
<input type="checkbox"/>	Bipolar disorder	<input type="checkbox"/>	Mania	<input type="checkbox"/>	Schizoaffective
<input type="checkbox"/>	Bipolar II	<input type="checkbox"/>	Medical co-morbidity	<input type="checkbox"/>	Seasonal affective disorder
<input type="checkbox"/>	Bipolar spectrum	<input type="checkbox"/>	Mixed state	<input type="checkbox"/>	Sleep disorders
<input type="checkbox"/>	Child and Adolescent	<input type="checkbox"/>	Molecular genetics	<input type="checkbox"/>	Social Anxiety
<input type="checkbox"/>	Childhood adversity	<input type="checkbox"/>	Mood stabilisers	<input type="checkbox"/>	Social Phobia
<input type="checkbox"/>	Circadian rhythms	<input type="checkbox"/>	Neurobiology	<input type="checkbox"/>	Social Science
<input type="checkbox"/>	Cognitive Behaviour Therapy	<input type="checkbox"/>	Neuroendocrinology	<input type="checkbox"/>	Social support
<input type="checkbox"/>	Comorbidity	<input type="checkbox"/>	Neuroimaging	<input type="checkbox"/>	Stress
<input type="checkbox"/>	Compliance	<input type="checkbox"/>	Neuroscience	<input type="checkbox"/>	Subthreshold
<input type="checkbox"/>	Cross-cultural	<input type="checkbox"/>	Obsessive compulsive disorder	<input type="checkbox"/>	Suicide
<input type="checkbox"/>	Cyclothymia	<input type="checkbox"/>	Personality	<input type="checkbox"/>	Temperament
<input type="checkbox"/>	Deliberate Self Harm	<input type="checkbox"/>	Personality disorders	<input type="checkbox"/>	Treatment trials
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Pharmacoeconomics	<input type="checkbox"/>	Women's health
		<input type="checkbox"/>	Pharmacogenetics		

Professional Details:

*Current Qualifications	
*Where are you training?	
*What qualification are you studying for?	
*How long have you been training?	
*Who is your supervisor?	
*Is your supervisor an ISAD Fellow?	

Junior Researcher affiliate members may choose to pay a reduced fee of £90 per year without a subscription to the Journal of Affective Disorders or may include an online subscription to the Journal for a total membership cost of GBP£120.00

Junior Researcher membership also includes access to the 'closed' section of the ISAD web site, the members' forum and the searchable members' database.



Accepted forms of Payment

Payment may be made by:

1. Cheque

GBP£90 reduced fee or GBP£120.00 to subscribe to JAD (Online subscription)

US\$ equivalent at the current exchange rate plus \$10 banker's commission fee

*Please make cheques payable to:

The International Society for Affective Disorders

2. International Money Order

3. Electronic Bank Transfer or Wire

4. Credit Card – Mastercard or Visa

Payment type:

Cheque

I enclose a cheque payable to the “International Society for Affective Disorders” for £90.00 or £120.00 (or foreign currency equivalent plus £10 transaction fee)

Electronic Transfer

Our account details are:

Bank: Lloyds TSB, 2-4 Palmerston Road, Southsea, Hampshire, PO5 3QH

Account Name: International Society for Affective Disorders

Account Number: 1715012

Sort Code: 30 93 04



Payment options:

I wish to pay by credit card:

Tick

Expiry Date:

VISA	<input type="checkbox"/>
MASTERCARD	<input type="checkbox"/>

Month: mm	Year: yyyy
<input type="text"/>	<input type="text"/>

Credit card number: Please write one number per box and write clearly:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please enter your **card security code** below (the three digit number on the reserve of your card).
Transactions cannot be completed without this number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Billing Address of Credit Card

House number: _____

Address: _____

Address: _____

Town: _____

Country: _____

Zip/Postal Code: _____

Signature of card holder: _____

Amount to be debited: _____



To pay by cheque:

Please **make cheques payable to “International Society for Affective Disorders”** and send to the address below:

Caroline Holebrook
ISAD Administrator
Institute of Psychiatry
King's College London
PO72, Room M1:21
De Crespigny Park
Denmark Hill
London
UK
SE5 8AF

I enclose a cheque for GBP £120.00 to join with an online subscription to JAD

Tick

I enclose a cheque for GBP £90.00 to join without a subscription to JAD

Tick

I would like you to send me an invoice to the following address:

Name: _____

Organisation: _____

Address: _____

Address: _____

Address: _____

Town: _____

Post/Zip: _____

Country: _____



Electronic Transfer:

If you wish to pay by electronic bank transfer – wire – send to:

Lloyds TSB
2-4 Palmerston Road
Southsea
PO5 3QH
UK

Sort Code: 30 93 04
Account: 1715012
Account Name: International Society for
Disorders