



Application Membership

Family Name..... F/M

Given Name.....Title.....

Organization.....

Address.....
...

City.....Zip code.....

Country.....

Tel.....Fax.....

Email.....

I would like to apply for membership:

- Individual Membership *Euro 30,-*
- Individual Membership + Subscription to the JAEE *Euro 80,-*
- Institutional Membership *Euro 500,-*

Payment Options:

A: Bank Transfer details:

ABN AMRO bank, accountnumber 61.07.06.071
BIC (formerly SWIFT) code: ABNANL2A IBAN: NL21 ABNA 0610 7060 71

B: Creditcard, with the additional bank charges: Visa 5€; MasterCard 10€

Please charge my: VISA MasterCard

Card number:

CVC code (on backside):

Expiration date (mm/yy): Total amount including 5 or 10 EUR: € _____

Name on card: _____

Signature of cardholder:

Please return this form to:

Postal mail:

EurSafe Membership Administration
Pastoor Buyslaan 25
NL-2242 RJ WASSENAAR
The Netherlands

Email:

eursafe@verenigingenbeheer.nl

Fax: fax + 31 70
4162959