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2009 ETCO INDIVIDUAL ORDINARY MEMBERSHIP APPLICATION FORM

Please fill in this form and send it to the
ETCO Executive Office by

Family name	
First name	
Title	<i>(Mr, Ms, Mrs, Dr, Prof, other)</i>
Credentials	<i>(CETC, RN, CPTC, CCTC, other)</i>
Position	

Work address (renewing members please update if changed)

Employer		
Dept / Division		
Street / nr		
Postal Code / City		
Country		
E-mail		
Web site		
Tel		Fax

Private address

Street / nr		
Postal Code / City		
Country		
E-mail		
Tel		Fax

Preferred Mailing address	<i>Home or Work ?</i>
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<i>I herewith give permission to include my name and all work coordinates in the membership directory, I agree that this information may be used for diffusion of material related to transplantation.</i>	Yes
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Ordinary Members Fees	2009	€60	2009 + 2010	€100
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Application must be accompanied by credit card information, money order or cheque: *Tick preference*

	Credit Card Payment:	VISA / MASTER / EURO
	Amount (euros)	
	Card holder	
	Card number	
	Security number	
	Expiry date	
	Bank-to-Bank Transfer	Please state your name and the year being subscribed
	Send to:	Fortis Bank, Kantoor St.Jacob, BE-3000 Leuven, Belgium Account nr.: 230-0075242-87 - IBAN-code: BE67 2300 0752 4287 BIC-code or SWIFT-code: GEBABEBB Fortis Bank
	Cheque, crossed	to ETCO Executive Office (see above-mentioned address) €15 surcharge