



2010 ETCO INSTITUTIONAL MEMBERSHIP APPLICATION FORM

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

Post	ETCO Executive Office, C/ Joan Maragall, 12, 08360 Canet de Mar, Spain
Fax	+34 937 942 658
E-mail	secretariat@etco.org janealewis@gmail.com
Website	www.etco.org

- Discounts for group membership: >5 members, 15% discount; >10 members, 20%; >20 members, 25%
- Groups must be paid together in one invoice.
- Institutions can change their members annually.
- Members have full membership rights and individually receive mails and the OT&C Journal

For the Institution

Work address

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

Names of the Members included in the Institutional Membership

E.g. Fees for 6 members		€306		€510
Fees for 11 members	2010	€528	2010 + 2011	€880
Fees for 21 members		€945		€1575

Credit Card Payment:	VISA / MASTER / EURO
	Amount (euros)
	Card holder
	Card number
	Security number
	Expiry date
Bank-to-Bank	Please state your name and the year being subscribed

Transfer	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

For Each Membe (renewing members only need update if changed):

Family name		
First name		
Title	<i>(Mr - Ms - Mrs - Dr - Prof – other)</i>	
Credentials	<i>(CETC - RN - CPTC - CCTC – other)</i>	
Position		
E-mail		
Tel.		Fax

Private address

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

Preferred Mailing address	<i>Home or Work ?</i>	
<i>I herewith give permission to include my name and all work coordinates in the membership directory,</i>	Yes/No	
<i>I agree that this information may be used for diffusion of material related to transplantation.</i>	Yes/No	