

J O I N
E E B A
N O W !



EUROPEAN
EYE BANK
ASSOCIATION

The European Eye Bank Association (EEBA) is a technical-scientific organization comprising individual and non-profit institutional members from eye banks across Europe and beyond. Founded with the simple objective of sharing information regarding eye banking, the Association is today the leading pan-national association in Europe dedicated to the advancement of eye banking (tissues and cells for the treatment of eye diseases) and an authoritative reference point for eye banks wishing to work according to quality standards.

MEMBERSHIP BENEFITS

- EEBA bulletins
- Annual Meeting registration fee discount
- Access to Members-only section of the web-site
- Inclusion in the EEBA Directory
- Training opportunities
- Voting rights

Annual Institutional Membership Fee: € 450,00

EEBA INSTITUTIONAL MEMBERSHIP APPLICATION FORM

Become a Member of the European Eye Bank Association and share real professional and scientific benefits with corneal surgeons and eye bank specialists!

Name of Institution: _____

Contact address: _____

Tel: _____ Fax: _____

Are you connected to an eye bank? YES/NO _____

If Yes, please give name of eye bank: _____

Five registered voting members for your institution (first named to be the Corresponding Member)

First name(s): _____ Surname: _____

Email address: _____

Status (circle as appropriate): CLINICIAN/SCIENTIST/TECHNICIAN/OTHER (please specify) _____

First name(s): _____ Surname: _____

Email address: _____

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European Eye Bank Association

Via Paccagnella n. 11 - Padiglione Rama, 30174 Zelarino - Venice, Italy
tel: + 39 041 965 6422 - fax: +39 041 965 6421
e-mail: admin@europeaneyebanks.org - www.europeaneyebanks.org



I would like to pay my membership fees for the following period

1 year membership (from 1 July 20__ __ to 30 June 20__ __ - 450 euros)

2 year membership (from 1 July 20__ __ to 30 June 20__ __ - 900 euros)

3 year membership (from 1 July 20__ __ to 30 June 20__ __ -1.350 euros)

I would like to pay by credit card

Type of credit card: Mastercard Visa Other (give name) _____ (AMEX not accepted)

Credit card number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Amount to pay (in euros): _____

Cardholder (print full name): _____

Cardholder billing address: _____

Expiry Date: ____ / ____ CCV/CVC (3 digit security code) _____

Signature: _____

I would like to pay by bank/wire transfer*

To pay by bank/wire transfer, please transfer funds to:

Gruppo Banco BPM S.p.A.
Via G. Verdi, 1
30100 Venezia - Mestre, ITALY

Account number: **000000007787**
Account name: **European Eye Bank Association**
Swift number / Overseas bank code: **BAPPIT21035**
National sort codes: **ABI: 05034 CAB: 02000**
International bank account number: **IT10B050340200000000007787**

* Please check with your bank for details of transaction costs involved - these must be covered by you. To make it easier for us to assign the payment to the right person, please remember to clearly indicate the name of the account holder on the transfer.