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 Individual Membership Fee: € 90,00

EEBA INDIVIDUAL 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!

Title:

First name(s):

Surname:

Contact address:

Tel:     Fax:

Email address:

Are you affiliated to an eye bank? YES/NO

If Yes, please give name and address of eye bank if different from contact address given above:

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

Are you the Corresponding Member for your institution? YES/NO

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 2 0 _ _ to 30 June 2 0 _ _ - 90 euros)
- 2 year membership (from 1 July 2 0 _ _ to 30 June 2 0 _ _ - 180 euros)
- 3 year membership (from 1 July 2 0 _ _ to 30 June 2 0 _ _ - 270 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: 0000000007787
Account name: European Eye Bank Association
Swift number / Overseas bank code: BAPPIT21035
National sort codes: ABI: 05034   CAB: 02000
International bank account number: IT10B0503402000000000007787

* 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.