

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 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 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: _____

Telephone number: _____

Fax number: _____

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 (please underline as appropriate): CLINICIAN/SCIENTIST/TECHNICIAN/OTHER _____

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 July 2015 – 30 June 2016 (1 year membership - 90 euros)

☐ 1 July 2015 – 30 June 2017 (2 year membership - 180 euros)

☐ 1 July 2015 – 30 June 2018 (3 year membership - 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:

Banco Popolare di Verona
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: **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.