



# Membership Application

Family Name..... F/M

Given Name..... Title.....

Organization.....

Address.....

City..... Zip code.....

Country..... Tel.....

Fax..... Email.....

**I would like to apply for membership:**

- Individual Membership *Euro 30,-*
- Individual Membership + Subscription to the JAEE *Euro 80,-*
- Institutional Membership *Euro 500,-*

**Payment Options:**

**A: Bank Transfer details:**

ABN AMRO bank, accountnumber 61.07.06.071  
BIC (formerly SWIFT) code: ABNANL2A IBAN: NL21 ABNA 0610 7060 71

**B: Creditcard, with the additional bank charges: Visa 5€; MasterCard 10€**

Please charge my:  VISA  MasterCard

Card number:

CVC code (on backside):

Expiration date (mm/yy):     Total amount including 5 or 10 EUR: € \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of cardholder:

**Please return this form to:**  
EurSafe Membership Administration  
Parkweg 27  
NL-2585 JH The Hague  
The Netherlands  
Fax + 31 70 4162959