



## APPLICATION MEMBERSHIP

### Membership of the European Society for Agricultural and Food Ethics (EurSafe)

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Family Name..... F/M

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Title.....

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

- |                          |  |            |
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| <input type="checkbox"/> | Individual membership  | Euro 30,-  |
| <input type="checkbox"/> | Institutional membership   | Euro 500,- |
| <input type="checkbox"/> | Subscription to the Journal of Agricultural and Environmental Ethics | Euro 45,-  |

#### Options for payment: A or B (preferred for payments in Europe)

**A:** Please charge my:  VISA  MasterCard

Card number:     CVC code (on backside):

Expiration date (month/year)..... Total amount Euro (€) .....

Name on card .....

**B:** Payment can be transferred to:

EurSafe Membership Administration, Parkweg 27, 2585 JH Den Haag

Account number: 61.07.06.071

BIC (formerly SWIFT) code: ABNANL2A

IBAN: NL21 ABNA 0610 7060 71

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#### Please return this form to:

**EurSafe Membership Administration**  
Parkweg 27  
NL-2585 JH The Hague  
The Netherlands  
fax + 31 70 4162959

**Date :** .....

**Signature :** .....