EVI Membership Fee 2007

Please fill in the following form and fax it to
+49 7071 293774
or send it via e-mail to
info@europeanvisioninstitute.org

Last Name:

First Name:

Title:

Date of Birth:

Citizenship:

Name of the Organisation:

Address:

Country:

Zip Code-City:

Website: http://

Telephone:

Fax:

E-mail:

Payment Option:

☐ Visa ☐ Mastercard

Acct# ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐-☐☐ Signature:_____

I hereby authorize The European Vision Institute (EVI) EEIG to charge my credit card for membership related costs as indicated on this invoice

European Vision Institute
EEIG

Main office:

EVI EEIG
Rue du Trône 98
B-1050 Brussels | BELGIUM
Tel: +32 2 5480225
Fax: +49 7071 293774
e-mail: info@europeanvisioninstitute.org
URL: www.europeanvisioninstitute.org

MEMBERSHIP FEES
Individual:

☐ Full (150 € p.a.)
☐ Associated (75 € p.a.)

SME*:
☐ 1,000 € p.a.
Commercial Company:
☐ 3,000 € p.a.
Non Commercial Company:
☐ 300 € p.a.

*Small & Medium Enterprises according to EU-Legislation.

Banking Information:

COMMERZBANK Belgium S.A./N.V.
Boulevard Louis Schmidt 87
B-1050 Brussels
Bank Account Number: 179-6170021
IBAN Number: BE71-1796-1700-2169
SWIFT-Code: COBABEBX

EUROPEAN VISION INSTITUTE