

# EVI Membership Fee 2009



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

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](mailto:info@europeanvisioninstitute.org)  
URL: [www.europeanvisioninstitute.org](http://www.europeanvisioninstitute.org)

Last Name:

First Name:

Title:

Date of Birth:

Citizenship:

Name of the Organisation:

Address:

Country:

Zip Code-City:

Website:

Telephone:

Fax:

E-mail:



## Do not forget to tick here!

### MEMBERSHIP FEES

Individual:

Full (150 € 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.

Payment Option:  Visa  Mastercard

Acct#

Expiration Date:  -  CVC Code:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## 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

