# EuCornea Membership Application Form

## Join the European Society of Cornea and Ocular Surface Disease Specialists

EuCornea offers cornea and ocular disease specialists a forum for communicating with colleagues world-wide

*Please print all information clearly in block capitals. Full address is required.*

First Name:

Last Name: Title:

Address:

Postal Code:

City: Country:

Tel No (Work): Tel No (Home):

Email: Fax:

## MEMBERSHIP FEES

| | | |
|---|---|---|
| Full Member | €50 | ❑ |
| International Member | €50 | ❑ |
| Trainee Member* | €25 | ❑ |

** Please supply letter of verification from your training hospital for trainee membership.*

*Your application cannot be processed without this letter.*

## PAYMENT METHOD

Visa ❑ MasterCard ❑

American Express ❑ Bank Transfer ❑

Security Code
3 digits on Visa & Mastercard, printed on the reverse of card, 4 digits on Amex

Card No. Exp.

Cardholder Name (PLEASE PRINT):

Cardholder Signature: Date:

*Payment by bank transfer in Euro made payable to EuCornea will also be accepted.*

| | | | |
|---|---|---|---|
| Bank: | Danske Bank | | |
| A/C name: | European Society of Cornea and Ocular Surface Disease Specialists | | |
| A/C number: | 80015024 | Sort Code: | 951783 |
| IBAN: | IE10DABA 95178380015024 | Swift: | DABAIE2D |

**Please complete this form and send it to:**

EuCornea, Temple House, Temple Road, Blackrock, Co. Dublin, Ireland
Tel: + 353 1 288 3674 Fax: + 353 1 209 1112