

# APPLICATION FORM EBA MEMBERSHIP

Membership application is open to all persons who are professionally involved in  
The care of burn patients.  
*You can fill out the form by using the tab.*



FAMILY NAME:

FIRST NAMES:

GENDER:  MALE  FEMALE

TITLE:

e.g. Dr. Prof. Mr. Mrs, etc.

JOB TITLE:

ORGANISATION:

ADDRESS:

POSTAL CODE:

CITY:

COUNTRY:

EMAIL:

## PROFESSION:

<input type="checkbox"/> Physician	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Student Medicine/PhD
<input type="checkbox"/> Nurse	<input type="checkbox"/> Physical therapist	<input type="checkbox"/> Resident
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Dietician	<input type="checkbox"/> Trainee
<input type="checkbox"/> Scientist/Researcher	<input type="checkbox"/> Social worker	<input type="checkbox"/> Industry representative
<input type="checkbox"/> Pharmacist		<input type="checkbox"/> Other: .

## ANNUAL DUES

Calculate dues from page [www.euroburn.org/about-the-eba/membership-2-2/](http://www.euroburn.org/about-the-eba/membership-2-2/). Please pay one year's due now; there are no administrative fees.

**Method of payment:** in Euros by one of the methods below. We regret that we cannot accept cheques since the bank costs are extremely high.

## I WOULD LIKE TO JOIN AS

<input type="checkbox"/> Individual member HIGH income Category 1	€ 75,00
<input type="checkbox"/> Individual member HIGH income Category 2	€ 50,00
<input type="checkbox"/> Individual member LOW income Category 1	€ 45,00
<input type="checkbox"/> Individual member LOW income Category 2	€ 25,00
<input type="checkbox"/> Retired member	€ 20,00

Category 1: physicians, PhDs and individuals associated with industry

Category 2: all other professions

**I WANT TO PAY BY**

- SEPA direct debit** I give authorisation and agree that the European Burns Association collect my membership fee yearly from my bank account - and each year I will be noticed in advance about the amount to be collected



Name account holder:	
Name bank:	
IBAN Bank account:	
BIC number:	

- Credit card** (a link to a secure page will be sent)
- Bank transfer** (an invoice will be sent)

SIGNATURE: \_\_\_\_\_

RETURN THIS FORM TO: EBA Secretariat - Congress Care, P.O. Box 440, 5201 AK 's-Hertogenbosch, the Netherlands or by email [eba@congresscare.com](mailto:eba@congresscare.com) or by fax: +31(0)73 6901417.

