

EUROPEAN VENOUS FORUM

APPLICATION FORM FOR MEMBERSHIP

Family Name: _____ Degrees: _____

First Name: _____ Title: _____

Affiliations: _____

Professional Classification: (please ✓ tick one)

Vascular Surgeon General Surgeon Internist Dermatologist

Angiologist Phlebologist Other Physician (please specify)

Vascular Technologist/Ultrasonographer Nurse Scientist

Other (please specify)

Postal Address: _____

_____ Country: _____

Tel: _____ Fax: _____

(including STD codes)

E.mail: _____

Benefits of Membership:

Full Members - have the right to be voting members of the General Assembly, the right to be elected as representatives of the EVF Council, member of the Board of Trustees and Officer of the EVF

Associate, Emeritus and International Members - have the right to be non-voting members of the General Assembly and to attend all meetings, scientific, annual general assembly and extraordinary general assembly.

Reduced Registration at the annual meeting for all member types

I WISH TO APPLY FOR MEMBERSHIP OF THE EUROPEAN VENOUS FORUM.

Membership of the EVF may include medically qualified individuals and paramedical personnel such as ultrasonographers, nurses or scientists who have a professional qualification and have demonstrated a major interest in venous disease. **Membership fee is Euro 55 per annum**

FULL

Full members shall be medically qualified individuals working or having a major interest in the field of venous disease.

ASSOCIATE MEMBERS

Associate members shall be non-medically qualified individuals such as ultrasonographers, nurses and scientists of various disciplines working or having a major interest in venous disease.

EMERITUS MEMBERS

Emeritus members shall be full or associate members retired from their profession.

INTERNATIONAL MEMBERS

International members shall be medically qualified or non-medically qualified individuals such as ultrasonographers, nurses and scientists of various disciplines working or having a major interest in venous disease outside Europe.

Please send a short curriculum vitae (CV) showing a major interest in phlebology.

Please complete this form, the direct debit mandate on the reverse, and send with a copy of your CV to:

Miss Anne Taft,
European Venous Forum,
Beaumont Associates,
PO Box 172, Greenford, Middx, UB6 9ZN, UK
Tel/Fax: + 44 20 8575 7044 / Email: evenousforum@aol.com

EUROPEAN VENOUS FORUM

MEMBERSHIP FEE – PAYMENT OPTIONS

MEMBERS NAME:

Annual Membership Fee is Euro 55 (£50). This can be made by cheque, credit card or by standing order. Payment by credit card must be in £ sterling. Those members wishing to pay by standing offer will receive a discount of Euro 5 (£5). Please complete the details below and return to the EVF Office, address at the bottom of the page (overleaf).

I WISH TO PAY THE MEMBERSHIP FEE BY CHEQUE / CREDIT CARD/ STANDING ORDER AS FOLLOWS:

Payment by Credit Card:

Please deduct the sum of £50.00 from my VISA/MasterCard

Name of Cardholder:

Address:

..... Country:

Card Number

Expiry Date:

Security No:.....

Signature: Date:

Payment by Cheque:

Please make cheque (drawn on a UK bank) in the sum of sterling £50 payable to “**European Venous Forum**” and send to:

Miss Anne Taft
European Venous Forum, Beaumont Associates, PO Box 172, Greenford, Middx, UB6 9ZN, UK

Payment by Bank Transfer/Standing Order:

Please complete the form below and return to the EVF office, who will send it directly to you bank.

To:

Bank Name: _____

Address: _____

Account Name: _____

Account Number: _____

IBAN No: _____ Swift/BIC No: _____

Please deduct the sum of 50€ (euros)/ £45 from my bank account on (date) and yearly thereafter until cancelled.

Signature: _____ Date: _____

Please send the payment to the following account details:

Bank: HSBC Bank plc
Address: International Branch, PO Box 181, 27-32 Poultry, London EC2P 8BX
Sort Code: 40-05-15
Account Name: European Venous Forum Ltd
Account Number: 58359257
IBAN/Swift no: GB70 MIDL 4005 1558 3592 57 / MIDLGB22