

Declaration of Payment of Affiliated Institutional Membership Fees

To be filled in and signed by the institutional representative (head of institute / department / school / university, etc.) of the institution for which affiliated membership is sought. Send a scanned version of this declaration to hljansen@gmx.co.uk, together with a transaction confirmation of the membership fees. 3 years payment of 300,- Euro is recommended.

Personal information (Please type or print clearly in CAPITAL LETTERS)

First(Given) name:	
Surname:	
Institution for which Institutional Membership has been sought:	
Postal address:	
Postal code:	
City:	
Country:	
E-mail address of contact person:	

Membership Fee

- 100,- euros for 2015
- 100,- euros for 2016
- 100,- euros for 2017
- 100,- euros for 2018
- 100,- euros for 2019

Total Amount of Payment Made:,- euros

Payment has been transferred to:

(1) Bank Account Payment

Subject: IA P_604700_03, ESITIS Membership & Name of Registered Person or Institution
Bank Austria Creditanstalt AG
IBAN: AT23 1200 0069 5383 4602
BIC: BKAUATWW

(2) Credit Card Payment

<http://www.esitis.org/application-for-membership>

Place / Date:

Signature

(Name of Signatory in Block Letters:)