



EUROPEAN VENOUS FORUM

APPLICATION FOR MEMBERSHIP

PERSONAL DETAILS

Family Name: _____ Title: _____

First Name: _____ Degrees: _____

Affiliations (e.g. national society): _____

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: _____
(in CAPS)

Country: _____

Tel: _____ Fax: _____
(including STD codes)

E.mail: _____

- Please tick if you wish to receive details from selected companies/agencies affiliated with the EVF
 Please tick if you **do not** wish to receive details from selected companies/agencies affiliated with the EVF

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**

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

Reduction in the annual subscription to Phlebology

FULL:

Medically qualified individuals working or having a major interest in the field of venous disease

ASSOCIATE MEMBERS

Non-medically qualified individuals such as ultrasonographers, nurses and scientists of various disciplines working or having a major interest in venous disease

EMERITUS MEMBERS

Full or associate members retired from their profession

INTERNATIONAL MEMBERS

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:

Membership Office,
European Venous Forum,
Beaumont Associates,
PO Box 172, Greenford, Middx, UB6 9ZN, UK
Tel/Fax: + 44 (0)20 8575 7044 / Email: admin@europeanvenousforum.org

MEMBERSHIP FEE – PAYMENT OPTIONS

MEMBERS NAME:

Annual Membership Fee is £50/€55.00. This can be made by credit card or by standing order. Payment by credit card must be in £ sterling. Please complete the details below and return to the EVF Office, address at the bottom of the page.

I WISH TO PAY THE MEMBERSHIP FEE BY 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 Bank Transfer/Standing Order:

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

Bank Name:

Address:

Account Name:

Account Number:

IBAN No: Swift/BIC No:

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

Signature: Date:

Please send the payment to the following account details:

EURO PAYMENTS

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 No: GB29 HBUK 401276 58359257
Swift/BIC No: HBUKGB4B

UK - STERLING PAYMENTS

Bank: HSBC
Address: 431 Oxford Street,
London, W1C 2DA
Sort Code: 40-07-25
Account Name: European Venous Forum Ltd
Account Number: 41381407
IBAN No: GB64 HBUK 400725 41381407
Swift/BIC No: HBUKGB4B

Please complete both sides of this form and return, with a copy of your CV, to:
Membership Office, European Venous Forum, Beaumont Associates, PO Box 172, Greenford, Middx, UB6 9ZN, UK
Fax: +44 (0)20 8575 7044 / Email: admin@europeanvenousforum.org