



EUROPEAN HEMATOLOGY ASSOCIATION

EHA MEMBERSHIP FEE REPLY FORM

Name: _____ Membership number: _____

A. CREDIT CARD

Please charge my EHA membership fee, total Euro _____
to my

- VISA
 American Express
 MasterCard/Eurocard*
 My card number is:

□ □ □ □	□ □ □ □	□ □ □ □	□ □ □ □
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*Card Validation Code (CVC):

□	□	□
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(Last three numbers on the back of your card)

Expiry date _____

Name (on card) _____

Address _____

Postal / Zip code _____

City _____

Country _____

Phone _____

Fax _____

E-mail _____

Signature _____

B. DIRECT MONEY TRANSFER

I send the money transfer for my EHA membership fee, total Euro* _____

from my bank to:

"European Hematology Association",
 Account number 69.90.48.990
 F. van Lanschot Bankiers
 P.O.Box 85100
 3508 AC Utrecht

IBAN number: NL03FVLB0699048990

SWIFT/BIC code: FVLBNL22

Please mark your name, membership number and "EHA membership fee" on the transfer.

* If the transfer is from a bank outside The Netherlands, please add € 9,=

Please fill out this form (do not forget to sign if payed by credit card), and return it to:
 European Hematology Association Executive Office, Westblaak 71, 3012 KE Rotterdam,
 The Netherlands OR fax to: (+31) 10 - 4361817

EHA Executive Office
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 3012 KE Rotterdam
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