

# EUROPEAN EYE BANK ASSOCIATION

## Application for Ordinary Membership



The European Eye Bank Association is formed for the advancement of eye banking (tissues and cells for treatment of eye diseases):

- to contribute to the development and maintenance of standards for the practice of eye banking in Europe
- to establish and maintain an agreed set of EEBA Standards
- to promote data collection on graft outcome in order to validate eye bank techniques
- to facilitate the interchange of information between eye banks
- to provide opportunities for the discussion of all aspects of eye banking practice including eye donor selection and procurement
- to encourage relevant research and development
- to provide informed comment to external agencies
- to foster education and training in eye banking
- to maintain national and international links with relevant bodies
- to make knowledge in the field of eye banking available to any person for the general good of society.

Title: \_\_\_\_\_

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Contact address: \_\_\_\_\_

(if address has not changed from last year write "same as 2010")

\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you affiliated to an eye bank? **YES/NO**

If Yes, please give name and address of eye bank if different from contact address given above:

\_\_\_\_\_  
\_\_\_\_\_

Does this eye bank already appear in the EEBA Directory \*? **YES/NO**

Are you to be the corresponding member for this eye bank? **YES/NO**

Status (please delete as appropriate): **CLINICIAN/SCIENTIST/TECHNICIAN**  
**OTHER** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE EUROPEAN EYE BANK ASSOCIATION, VIA PACCAGNELLA N. 11  
– PADIGLIONE RAMA, 30174 ZELARINO – VENICE, ITALY (FAX: +39 041 965 6421;  
E-MAIL: ADMIN@EUROPEANEYEBANKS.ORG).**

**N.B. YOUR MEMBERSHIP APPLICATION WILL NOT BE PROCESSED UNLESS IT IS ACCOMPANIED BY THE ANNUAL  
SUBSCRIPTION FORM.**

**\* Please note that data for individual eye banks will only appear in future editions of the EEBA Directory if at least one member of that bank is registered as an Ordinary Member**

# Annual Subscription for Individual Membership



I would like to pay my membership subscription fees for the following period:

1 July 2011 – 30 June 2012 (1 year membership – 90 euros)

1 July 2011 – 30 June 2013 (2 year membership – 180 euros)

1 July 2011 – 30 June 2014 (3 year membership – 270 euros)

I would like to pay by cash. Payment of \_\_\_\_\_ (euros) will be made in person to **Gary Jones** (*Administrator, European Eye Bank Association*) at the EEBA Annual Meeting in Rotterdam (20-21 January 2012).

I would like to pay by credit card (\*Credit card deductions will not be made before August 2011).

Type of credit card:  Mastercard  Visa  Other (give name) \_\_\_\_\_ (**AMEX not accepted**)

Credit card number

Amount to pay (in euros): \_\_\_\_\_

Cardholder (print full name): \_\_\_\_\_

Cardholder billing address: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CCV/CVC (3 digit security code) \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to pay by bank/wire transfer.

To pay by bank/wire transfer, please transfer funds to:

**Banco Popolare di Verona**

**Via G. Verdi, 1**

**30100 Venezia – Mestre, ITALY**

Account number:

**003500007787**

Account name:

**European Eye Bank Association**

Swift number / Overseas bank code:

**VRBP IT 2V**

National sort codes:

ABI: **05188** CAB: **02000**

International bank account number :

**IT75 P 05188 02000 000000007787**

Please check with your bank for details of transaction costs involved - these must be covered by you. To make it easier for us to assign the amount of money to the right person, please state the following:

Amount to be transferred (in euros): \_\_\_\_\_

Bank from which transfer was made: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

Transfer reference number: \_\_\_\_\_

Name of the account holder who made the transfer: \_\_\_\_\_

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