

ECPA INDIVIDUAL MEMBERSHIP APPLICATION FORM
2007/2008

To apply for ECPA membership, please complete this form and mail it to:
david.vossebrecher@uni-koeln.de, mariavargasmoniz@gmail.com

MEMBER DETAILS

Last name	
First name	
Street address	
Town/City	
Country/State	
Zip/Postal Code	
E-mail	
Fax	
Position/Title	
Department	
Employer, Institution or Firm	

MEMBERSHIP TYPE

Please indicate your membership type (our membership year runs January 1- December 31 of each year):

	Amount
<input type="checkbox"/> Full Membership Fee:	50 euros
<input type="checkbox"/> Student:	25 euros
<input type="checkbox"/> Unwaged: (for members who cannot afford the standard dues)	Free

METHODS OF PAYMENT

Enclosed Cheque to David Vossebrecher to the following Postal Address
Friedrich-Karl-Str. 4, D – 50739 Cologne/Köln), Germany

Bank Transfer **[** please contact D. Vossebrecher **]**

Account Holder: _____

IBAN (International Bank Account Number): _____

SWIFT CODE (also known as BIC = Bank Identifier Code): _____

Reason for payment: ECPA Membership Fee

In making this application, I subscribe to, and will support the aims of the European Community Psychology Association as set forth in Article 3 of the ECPA Constitution.

Date: _____

Signature: _____