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| **IUA MEMBERSHIP FEE PAYMENT FORM** |
| **IUA MEMBERSHIP OPTIONS** |
| |  |  |  | | --- | --- | --- | |  | **membership incl. printed & on-line journal** | **membership incl. on-line journal** | | **Full membership** | **□ € 130,00** | **□ € 100,00** | | **Young vascular specialist membership\*** | **□ € 110,00** | **□ € 90,00** | | **Emeritus membership** | **□ € 110,00** | **□ € 90,00** | | [**Fellowship**](http://www.angiology.org/membership/fellowship.aspx)**\*\*** | **□ € 200,00** | **-** | | [**Emeritus fellowship**](http://www.angiology.org/membership/fellowship)**\*\*** | **□ € 130,00** | **-** | | **Certificate of membership (PDF)** | **□ free** | **□ free** | | **Certificate of membership (printed incl. postage)** | **□ € 10,00** | **□ € 10,00** | | **Institutional membership\*\*\*** | **□ € 250,00** | **-** |   **\*Applies to members up to 35 years of age. \*\*Fellowship status only on application; please see**[**details**](http://www.angiology.org/membership/fellowship)**.**  **\*\*\*Available for three IUA members with the same affiliation, includes one journal subscription. Please fill in the institution name and members’ names below:**  **........................................................................................................................................................................................................................................................................**  **........................................................................................................................................................................................................................................................................** |
| **BANK TRANSFER** |
| * Bank account: **INTERNATIONAL UNION OF ANGIOLOGY** * Bank name: **Intesa San Paolo, Via del Corso 226, 00186 Rome, Italy** * IBAN Code: **IT07 B030 6903 2401 0000 0007 217** * BIC/SWIFT: **BCITITMM**   **Payment in Euros. Please do not forget to mention the member’s name.** |
| **CREDIT CARD ON-LINE** |
| [**ON-LINE PAYMENT FORM**](http://system.amca.cz/index.php/en/pay_form)  **Please select Euro as the currency of your payment and add the member’s name into the "Note" field.**  **After completing the form, you will be redirected to a secure bank website where you will enter your credit card data.** |
| **CREDIT CARD OFF-LINE (please fax this form to +420 221 979 352)** |
| **Total amount: € …………………**  **Card system: □ Visa □ Mastercard**   * **Name: ............................................................................................................................……......................................................................................** * **Surname: ...............................................................................................................……………......................................................................................** * **Credit card number: .............................................................................................................….................................................................................** * **Security code CW/CVC (3 digits on the back of the card): ……………………................................................................................................................** * **Expiration date (month/year): ............…...................................................................................................................................................................** * **Date and signature: ………………………………………………….............................................................................................................................................** |