Formulier afdrukken

FIAPAC MEMBERSHIP FORM

PLEASE COMPLETE YOUR PERSONAL DETAILS ONLINE

First Name | Title | Surname

Organisation | Postcode

Address | City

Tel | Country

Fax | E-Mail

PLEASE TICK YOUR PREFERRED MEMBERSHIP

☐ Regular Membership €50 ☐ Support Membership €100

☐ I authorize FIAPAC to add my name to the FIAPAC membership list on the protected area of the website with access for members only.

PLEASE TICK YOUR PREFERRED METHOD OF PAYMENT

☐ **Pay with Credit Card** (€2,50 service charge)

Card Type
select Card Type

Card No. | Expiration Date

Cardholder's Name

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Date: _ _ _ _ _ _ _ _ _ _

☐ **Yearly Credit Card payment.** I authorize FIAPAC until further notice, to charge my Credit Card account for the membership fee as advised on the Membership Form.

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (2nd signature required) | Date: _ _ _ _ _ _ _ _ _ _

☐ **Pay with Bank Transfer** (with no charge for FIAPAC)

Bank	BIC/SWIFT	IBAN
ABN/AMRO Schiphol	ABNANL2A	NL21ABNA0515047775

Please quote your name on the Bank Transfer in order to identify your payment.

PLEASE PRINT AND SEND BY FAX TO FIAPAC

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