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|  | 5 October 2018 | |
| **Credit Card Payment Form**  **ECDO membership** | | |
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| **Name member:** | |  |
| **Please charge my credit card account for the following amount:** | | euro |
| **Card holders name:** | |  |
| **Card number:** | |  |
| **Expiry date:** | |  |
| **CVC (last three digits on the signature strip on the back of the card):** | |  |
| **Type of credit card:** | | VISA  Eurocard/Mastercard |
| **Place and date** | |  |
| **Signature** | |  |

For student ECDO memberships, please provide by email a scanned copy of your 2018 student card.