|  |  |
| --- | --- |
|  | 29 December 2019 |
| **Credit Card Payment Form** **ECDO membership** |
|  |  |
| **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 the current student card.