

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.