



## EUROPEAN PHOTOCHEMISTRY ASSOCIATION 2010 MEMBERSHIP RENEWAL/APPLICATION FORM

Please complete the form and send it to the Treasurer by mail or fax  
(do not use e-mail for security reasons!):

**Dr. Silvio Canonica** Eawag, W+T Dept.  
Ueberlandstrasse 133, P.O. Box 611, CH-8600 Dübendorf, Switzerland  
(Fax +41 44 823 5210)

**I wish to renew/apply for membership of the European Photochemistry Association (EPA)**

**Family name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Middle initial(s):** \_\_\_\_\_

**Date of birth (dd/mm/yyyy):** \_\_\_\_\_

**If you are applying for a new membership or if your contact details have changed, please fill in the following section:**

**Address:** (Please use your institutional address)

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Membership fees for 2010 in EUR

(please check one box)

The membership fee includes electronic subscription to the EPA official journal *Photochemical & Photobiological Sciences*, the EPA Newsletter and reduced conference fees.

<b>regular</b>	<input type="checkbox"/> <b>30 EUR</b>
<b>student*</b>	<input type="checkbox"/> <b>15 EUR</b> * please supply attestation

*For countries with economic difficulties, a reduced fee of 15 EUR can exceptionally be applied on request (only upon written approval by the Treasurer).*

### Alternative methods of Payment

(please fill in either 1. or 2.)

1. **Credit card.** Please fill in the details below (all details compulsory).

I, the undersigned, authorise the European Photochemistry Association to debit my credit card:

MasterCard  Visa

Card number \_\_\_\_\_ Expiry date: \_\_\_\_\_ For the sum of \_\_\_\_\_ EUR

Amount of EUR in words: \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Security code: \_ \_ \_ (this code corresponds to the last three digits to the right on the back of your credit card)

2. **Bank order** to UBS AG, Roemerhofplatz 5, P.O. Box 38, CH-8030 Zürich, BIC (Swift): UBSWCHZH80A

Account holder: European Photochemistry Association, c/o Dr. Silvio Canonica, 8600 Dübendorf

IBAN: CH27 0025 1251 8404 5260 C

I herewith certify that I effected a bank transfer on \_\_\_\_\_ (fill in date) for the sum of \_\_\_\_\_ EUR

to cover the EPA membership fee for the year(s) 2010 - \_\_\_\_\_. Signature of the member: \_\_\_\_\_

**Please ensure that you are clearly identified on the bank order.**