Treasurer: Prof. George J. Kahaly: gkahaly@uni-mainz.de

INVOICE/RENEWAL OF MEMBERSHIP 2009

Member type	After July 1	TOTAL
Ordinary	200 €	
Corresponding	125 €	
Senior (> 65 yrs)	125 €	
Junior (< 35 yrs)	100 €	

Optional:

ETA Pin*	20 €		
Donation to EFED (ETA Foundation for Endowment and Development)	Suggested minimum 25 €	Other amount:	
Overall total			

* all proceeds will be donated to EFED, see www.eurothyroid.com for details

NB: Persons who register for the Annual Meeting as a "member" must have paid their annual fee prior to registration.

Methods of payment:

☐ **Credit Card** **Name of Member:** _____ Signature: _____

Email: _____ Date: _____

Please charge my – ☐ VISA CARD ☐ MASTER CARD

Card Owner if different from above: _____

Card number (please write clearly): __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

Expiry date: _____/_____

☐ **Bank transfer** (please also fax a copy of the transaction)

Bank account (all bank charges must be paid by the sender)

Recipient: European Thyroid Association e.V. **IBAN:** DE96750200730609787198 **Swift/BIC:** HYVEDEMM447 ***For transfers within Germany:*** **Acct.-No.:** 609787198 **BLZ:** 75020073 **Please indicate: ETA Membership and your name**	**Name and Address:** HypoVereinsbank AG Niederlassung Regensburg Hemauerstr. 1, 93047 Regensburg, Germany

Please mail or fax this form to:
ETA STANDING OFFICE
Attn. Sandra Crutchley
Mozartstrasse 23, 93128 Regenstauf, Germany

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fax: +49 (0) 6136-761953
e-mail: ***euro-thyroid-assoc@endoscience.de***