

MEMBERSHIP APPLICATION FORM

Details

Name *	
Job Title *	
Organisation Name *	
Business Address *	
Personal Address *	
Business Telephone Number *	
Personal Telephone Number*	
e-mail *	
Fax	

Type of Membership & Annual fee

Student €25	Academic Staff €50	Individual €100	Corporate €400	Vendor €600
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Payment Details

Cash Deposit to ALPHA BANK IBAN GR 17 0140 2080 208 00 2002 000419

or

Credit Card

Name as it appears on card			
Card Type		Card Number	
Start Date		Expiry Date	
Card Security Number (Last 3 or 4 digits at the back side of card)		Card Statement Address	

Business Details / Main areas of Business

Central Government	Education	Financial Services
General Consultancy	Manufacturing	Health Care
Telecoms	Computer distributor	IT Consultancy
Other (please specify)		
Total number of staff	Number of IT staff	

Official Signature & Stamp

* Mandatory fields