



# EUROPEAN COMMUNITY PSYCHOLOGY ASSOCIATION

Grasmarkt 105, bus 18, 1000 Brussels, Belgium

[www.ecpa-online.eu](http://www.ecpa-online.eu)

## Individual Membership Application Form ECPA 2012

To apply for ECPA membership, please complete this form and mail it to [nicholas.carr@helse-bergen.no](mailto:nicholas.carr@helse-bergen.no).

### *Member Details*

Last name	
First name	
Street address	
Town/City	
Country/State	
Zip/Postal Code	
E-mail	
Fax	
Position/Title	
Department	
Employer, Institution or Firm	

### *Membership Type*

Please indicate your membership type (our membership year runs January 1- December 31 of each year):

	Amount
<input type="checkbox"/> Full Membership Fee:	50 euros
<input type="checkbox"/> Student:	25 euros
<input type="checkbox"/> Unwaged: (for members who cannot afford the standard dues)	Free

### *Methods of Payment*

- Enclosed Cheque to Nicholas Carr (ECPA Treasurer) to the following Postal Address  
Nicholas Carr, Dept. of Child and Adolescent Mental Health,  
Haukeland University Hospital, 5021 Bergen, Norway
- Bank Transfer  
to 'Deutsche Bank', account holder: David Vossebrecher  
IBAN (International Bank Account Number): DE46370700240260479100  
SWIFT CODE (also known as **BIC** = Bank Identifier Code): DEUTDEDBKOE  
Reason for payment: ECPA Membership Fee

In making this application, I subscribe to, and will support the aims of the European Community Psychology Association as set forth in Article 3 of the ECPA Constitution.

Date, Signature: \_\_\_\_\_