



## EAEC Individual Membership Application Form

\* Required

A. Standard membership (200 euro per year)

MEMBERSHIP AND FEES (Annual Membership-January to December) \*

**Name of Individual (Surname, Name) \***

**Address \***

**Country\***

**Work Affiliation\***

**E-mail \***

**Phone**



**An invoice will be issued based on the choices above.**

**Make payments by wire transfer to:**

Beneficiary Name: *European Association of ERASMUS Coordinators*  
Account Number: 0158-40-000-106  
IBAN: CY97 0020 0158 0000 0040 0001 0648  
Swift Code: BCYPCY2N  
Bank Details: Bank of Cyprus, 35 Iosif H" Iosif Avenue Branch 158, Strovolos,  
Nicosia  
Indication: *"Name of Individual" — EAEC Membership Fee "YEAR"*

All bank charges have to be fully covered by the applicant

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Please scan or convert to pdf and send to [info@eaecnet.com](mailto:info@eaecnet.com)