



# ESCTAIC

European Society for Computing and Technology in  
Anaesthesia and  
Intensive Care (ESCTAIC) e.V.

## Membership Application

**ESCTAIC e.V. - Treasurer**

Blanckstr. 33

23564 Lübeck / Germany

Treasurer@ESCTAIC.org

www.ESCTAIC.org

Last Name

First Name

Position

Company

Department

Title

Gender

BirthDate

Address

City

State

Postal Code

Country

Phone 1

Please enter the phone numbers in the format: +Country (Area) PhoneNumber

Phone 2

Mobile Phone 1

Fax

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eMail 2

eMail 3

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WebSite 1

WebSite 2

**Annual membership fee is EUR 50.- / USD 65.-. per calendar year**

Payment will be made via:

### Bank Transfer

Account **ESCTAIC e.V.**  
Bank **PostBank, Hamburg**  
SWIFT **PBNKDEFF**  
IBAN **DE82 2001 0020 0011 7352 03**



to **Treasurer@ESCTAIC.org**  
or directly via **PayPal.Me**  
**https://www.PayPal.me/ESCTAIC/50EUR**

**Cash** e.g. during the next Congress / Annual Meeting (only if agreed with the Treasurer)

**If possible, please add a photo of you to your eMail.**

**Comments:**