

**INTERNATIONAL RESEARCH GROUP ON CHAROPHYTES  
(I.R.G.C.)**

**Membership fees**

Annual membership fees amount to 10 Euro (ca. 13 \$US), due by January each year.  
More years payment is encouraged to reduce mailing costs.

Choose your **METHOD OF PAYMENT** and tick the appropriate field:

by **International Postal Money Order to:**  
Drs. Emile NAT, IRGC- Treasurer  
Grote Ruwenberg 17', NL - 1083 BS Amsterdam, The Netherlands

by **Bank to bank transfer**  
Please give the following information to your bank manager:  
Account-holder: Drs. Emile NAT  
Name of bank : POSTBANK bv Foreign Operations  
Bank address: P.O. Box 1800, NL-1000 BV Amsterdam, The Netherlands  
SWIFT Code: ING-B NL 2a Account number: 857003  
IBAN: NL82 PSTB 0000 857003  
BIC: PSTBNL21

by **Credit card**

Please fill the authorization below and send it to the Treasurer (address see above).

I herewith authorize Drs. E. Nat, the Treasurer of the International Research Group on Charophytes (IRGC) to charge my credit card for the amount shown below.

**Name of cardholder** :.....

**Type of card** :        **VISA**                    **MasterCard**                    **Expire Date** : \_\_\_/\_\_\_

**Card Number** : \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_

**CVC II code\*** : \_ \_ \_

\*: The Card Validation Code can be found at the backside of the credit card on the signature strip. Here you find the complete card number (or the last 4 figures) followed by a number consisting of 3 figures. That is your CVC II code. **It is required for security reasons.**

**Total amount enclosed** : E..... (Euro) - **Please use no other currency.**

**Date**.....

**Signature**.....

Address known to your credit card company (not the address of your institute):

Address (+ number):.....

.....

Postcode:..... Residence:.....

Country:.....