

EASM MEMBERSHIP FORM 2002-2003

(Personal Membership)

New membership

Renewal

Name _____

Address _____

Postcode _____ City, country _____

Telephone () _____ Fax () _____ E-mail address _____

Institution/organisation/company: _____

Student [yes] [not]

University _____

MAIN FIELD OF INTEREST (3 choices possible)

<input type="checkbox"/> Professional sport/leagues	<input type="checkbox"/> Strategic Planning / Change	<input type="checkbox"/> Internet / ICT
<input type="checkbox"/> Olympic sport/Federations	<input type="checkbox"/> Economics /Sport Financing	<input type="checkbox"/> Sport facilities
<input type="checkbox"/> Volunteer Club	<input type="checkbox"/> Marketing & Communication	<input type="checkbox"/> Public Sport Services
<input type="checkbox"/> Sport for all	<input type="checkbox"/> Media and sponsors	<input type="checkbox"/> National Policies
<input type="checkbox"/> Health & Fitness	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Professional training
<input type="checkbox"/> Youth sport	<input type="checkbox"/> Employment//labour issues	<input type="checkbox"/> Expertise//competencies
<input type="checkbox"/> Sport Tourism	<input type="checkbox"/> Organizational Performance	<input type="checkbox"/> Service Quality
<input type="checkbox"/> Event Management	<input type="checkbox"/> /effectiveness	<input type="checkbox"/> Other (list)

Membership fee:

EASM Full Membership

Students*

[] 75 €(Euro)

[] 40 €(Euro)

(Students must include a copy of a document certifying their current academic enrolment)

Form of payment chosen [] Bank transfer [] Personal cheque [] Cash*

**(Cash payments are possible at EASM desk during Congresses or other EASM events)*

The membership fee can be paid either through a personal cheque (only for residents of European Union Countries) or a bank transfer to :

Banca Toscana,, Firenze (Italy)

ag. N. 12, branch, SWIFT TOSCIT 3F 222

account 73250/95

please clearly indicate : "EASM MEMBERSHIP + NAME (of the member)"

I agree that my name, institution, and fields of interest will be included in the directory of members which will be published by EASM [yes] [no]

Date

Place

Signature _____

EASM FAX + 39 055 6818346 e-mail administration@easm.org