



CREDIT CARD PAYMENT FORM

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Please write as clearly as possible

First name: _____

Family Name: _____ Mr/Ms

Organization: _____

Mailing Address: _____

E-mail Address: _____

- Regarding:
- IFLA Publications
 - IFLA Membership (Membership code: _____ - _____)
 - Other _____

Charge my Creditcard for the amount of

- Visa American Express MasterCard / Eurocard

Number :

Card in the Name of :

Expiry Date : CVC II / Security code:
(see back of creditcard last 3 digits/American Express 4 digits)



Date: _____

Signature: _____