Please return this form to the IMHA OFFICE by **e-mail** : imha@online.be



International Maritime Health Association

Individual Mem	bership	Application -	2023
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Please complete this form to apply for IMHA individual membership

Please write or type in CAPITALS

Please write or type	III CAPITALS							
LASTNAME :	(family name)		Firstname):		M.I.		
DATE OF BIR Day Month	Year	Mr.	Mrs.	TITLE Ms.	Dr.	Prof.		
Position Activity in Maritime Health								
POSICION								
Your Address (for postal correspondance) and or Company name								
Name/Company :								
Address :								
Postal Code :								
City :								
Country :								
Email & Tel :								
EMAIL :								
TEL :			MOBILE :					
Your Payment - PLE	ASE INDICATE :							
€ 125 Payment by => VISA or MASTERCARD BANK-transfer *								
Credit card nr :			Expiry Dat	te (mm/yy):				
			CVC Code):				
Signature Creditcard holder:								
IMHA is register	red in Belgium as an international a	association by Roya	al Decree of 1	4/07/1998, ident	ification num	nber: 22285/98		
IMHA Office : International Maritime Health Association – Italiëlei 51 – B-2000 Antwerp – Belgium								
Tel : +32 3 229 07 76 - E-mail : IMHA@online.be - Internet: http://www.imha.net								
Bank-transfer to :KBC bank, Kattendijkdok-Oostkaai 65, 2000 Antwerp, Belgium Account: 416-6104001-76 IBAN:BE91 4166 1040 0176 BIC:KREDBEBB								
* All bankcharges should be borne by the member								
Signature Applicant :				Date :				
Membership applications have to be approved by the Board of Directors We will confirm receipt of your application form.								
GDPR Notice: IMHA is obliged under the General Data Protection Regulation of 2018 (GDPR) to safeguard all individuals personal data in its possession. For more information contact the IMHA office.								