	Please return this form to the	IMHA OFFICE	by e-mail : imha@o	online.be	
	IMHA	Inte	ernational Maritime	e Health Association	
	rting Membership lete this form to apply for IMHA supp		on 2023		
<u>Please writ</u>	e or type in CAPITALS				
Supporting -	COMPANY NAME				
	COMPANY CONTACT PERSON				
Lastname Firstname					
Position		Activity in Mariti	Activity in Maritime Health		
COMPANY ADDRESS					
Email & Tel :					
EMAIL :			1		
TEL :			MOBILE :		
Your Paym	ent - PLEASE INDICATE :				
€ 475	Payment by => VISA or M	ASTERCARD	BANK-transfe	er *	
Credit card	nr :		Expiry Date (mm/yy):		
			CVC Code:		
Signature C	Creditcard holder:				
IMHA is registered in Belgium as an international association by Royal Decree of 14/07/1998, identification number: 22285/98					
	/IHA Office : International Maritime He Tel : +32 3 229 07 76 - E-mail :	IMHA@online.be -	Internet: http://www.imh	a.net	
Bank-transfer to :KBC bank, Kattendijkdok-Oostkaai 65, 2000 Antwerp, Belgium Account: 416-6104001-76 IBAN:BE91 4166 1040 0176 BIC:KREDBEBB					
* All b	oankcharges should be borne by t	he originator - ind	icate code "OUR" on y	our bank-transfer	
Signature Supporting	-		Date :		
contact pe	All membership applications			tors.	
		<i>n receipt of your ap</i>		uple normanal state in the second	
	IHA is obliged under the General Data Protecti ation contact the IMHA office.	он кединаціон от 2018 (С	יט saleguard all Individ	uais personal uata in its possessio	