

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



# IMHA

International Maritime Health Association

## Supporting Membership Application

2024

Please complete this form to apply for IMHA supporting membership

**Please write or type in CAPITALS**

**Supporting - COMPANY NAME**

**Supporting - COMPANY CONTACT PERSON**

<b>Lastname</b>	<b>Firstname</b>
<b>Position</b>	<b>Activity in Maritime Health</b>

**COMPANY ADDRESS**

**Email & Tel :**

**EMAIL :**

**TEL :**

**MOBILE :**

**Your Payment - PLEASE INDICATE :**

€ 475

Payment by =>  VISA or MASTERCARD

BANK-transfer \*

**Credit card nr :**

**Expiry Date (mm/yy):**

**CVC Code:**

**Signature Creditcard holder:**

IMHA is registered in Belgium as an international association by Royal Decree of 14/07/1998, identification number: 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 originator - indicate code "OUR" on your bank-transfer**

**Signature**

**Supporting -**

**contact person:**

**Date :**

**All 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.