

Address:

Tel: Email: Chamber of Commerce: Ambiorixsquare, 1000 Brussel, Belgium +32 22304761 <u>info@eamhid.eu</u> NL/40166451

Application/Renewal Form for Individual or Institutional Membership 2020

Welcome to the European Association of Mental Health in Intellectual Disability in 2020, we appreciate your application/renewal for membership very much. As a member, you support the goals of our Association!

Please complete this form by filling in your personal data and mail it to the treasurer of EAMHID: <u>treasurer@eamhid.eu</u> This give us the opportunity to update our database.

Name & Surname:		
Organisation:		
Address:		
Zip Code:		
Country:		
Email Address:		
Telephone Number:		
Type of Membership	Please indicate the type of membership you are applying for:	
	Individual Institutional	
	Costs: Individual membership: €85/year ; Institutional membership: € 400/year ;	
SIG Membership	Do you want to become SIG member for the Network of Europeans on Emotional Development: Congress (NEED) group?	al
	Yes	
Consent	I have read and understood the privacy policy at <u>www.eamhid.eu/privacy-policy/</u> . Do you consent to being contacted by EAMHID regarding future congresses and other relevant information, e.g. by newsletter. You may revoke this consent at any time by sending a request to <u>treasurer@eamhid.eu</u> .	I
	Yes No	

Payment Details:

Within the EU bank transfers are free, from outside the EU please cover the cost of transfer. When transferring your membership fee, please indicate year of membership and name.

Bank: KBC Belgium IBAN: BE47 7390 1226 8780 Reference: 2020 and your name Bank account: EAMHID BIC/Swift code: KREDBEBB

Conditions: Membership is for 1 year. The fiscal year of the Association is from 1st of January to 31st of December. Cancellations must be made by email to <u>treasurer@eamhid.eu</u>. No refunds will be given.

DATE/SIGNATURE:_