



EAMHID
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Application/Renewal Form for Individual or Institutional Membership

Welcome to the European Association of Mental Health in Intellectual Disability, we appreciate your application 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: treasurer@eamhid.eu.

Name/Organisation: _____

Address: _____

Zip code: _____

Country: _____

Email address: _____

Telephone number: _____

Please check this box if 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 treasurer@eamhid.eu.

I have read and understood the privacy policy at www.eamhid.eu/privacy-policy/.

Costs: Individual membership: **€85/year**; Institutional membership: **€ 400/year**;
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.

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 treasurer@eamhid.eu. No refunds will be given.

DATE/SIGNATURE: _____