

Application/Renewal Form for Individual or Institutional Membership 2022

Welcome to the European Association of Mental Health in Intellectual Disability in 2022. We appreciate your application/renewal for membership very much.

Please complete this form by filling in your personal data and emailing it to the treasurer of EAMHID: treasurer@eamhid.eu. This allows us to update our database.

Name & Surname:																
Organization:																
Address:																
Zip Code:																
Country:																
Email Address:																
Telephone Number:																
Type of Membership	Please indicate the type of membership: <div style="display: flex; justify-content: space-around;"> Individual <input type="checkbox"/> Institutional <input type="checkbox"/> </div>															
Institutional Members:	<p>Costs: Individual membership: €85/year. Institutional membership: € 400/year.</p> <p>Company members can register up to 5 persons; please indicate any specific members:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">Name:</th> <th style="width: 50%;">Email Address:</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> </tbody> </table>		Name:	Email Address:	1.			2.			3.			4.		
	Name:	Email Address:														
1.																
2.																
3.																
4.																
SIG Membership	<p>Do you want to become SIG member for the Network of Europeans on Emotional Development: Congress (NEED) group?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>															
Consent:	<p>I consent that all information provided above can be securely stored and used for administrative purposes for 2022. You may revoke this consent at any time by sending a request to treasurer@eamhid.eu.</p> <p>I consent <input type="checkbox"/> I do not consent <input type="checkbox"/></p> <p>I consent to be 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.</p> <p>I consent <input type="checkbox"/> I consent <input type="checkbox"/></p>															



Address: Ambiorixsquare,
1000 Brussel,
Belgium
Tel: +352 379191-07
Email: info@eamhid.eu
Chamber of Commerce: NL/40166451

Payment Details:

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

Bank: KBC Belgium
IBAN: BE47 7390 1226 8780
Reference: 2022 and your name and surname

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

SIGNATURE: _____ **Date:** _____