



# International Maritime Health Association

## Corporate Membership Application

Please complete this form to apply for or renew your IMHA membership for the year :

**2004**

**(Please write in CAPITALS)**

Member No :

### NAME of CORPORATION

### CONTACT PERSON

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

### CORPORATION ADDRESS


### Please indicate complete number :

<b>TEL :</b>	<b>FAX :</b>
<b>MOBILE :</b>	<b>EMAIL :</b>

<b>Annual membership Fee for 2004</b>	<b>Please indicate :</b>
<b>€ 250</b> Payment Membership Fee => <b>CASH</b> <b>VISA</b> <b>MASTERCARD</b> <b>BANK-transfer</b> (see below)	

<b>Credit card # :</b> (only VISA or MASTERCARD)	<b>Expiry Date (MM/YY) :</b>
<b>Signature :</b>	<b>Date :</b>

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 – Fax : +32 3 225 20 38 – E-mail : IMHA@online.be - Internet: http://www.imha.net**

**Bank-transfer to : KBC bank - St. Jansplein 51 - B-2060 Antwerp - Belgium**  
**Account : 416-6104001-76      IBAN : BE91 4166 1040 0176      BIC : KREDBEBB**