



## International Maritime Health Association

### Individual Membership Application

Please complete this form to apply for or renew your IMHA membership for the year : 2004

**(Please write in CAPITALS)**

Member No :

SURNAME : <small>(family name)</small>	Firstname :	M.I.

DATE OF BIRTH		
Day	Month	Year

TITLE				
Mr.	Mrs.	Ms.	Dr.	Prof.

Position	Activity in Maritime Health

ADDRESS

Please indicate complete number :	
TEL :	FAX :
EMAIL :	MOBILE :

Annual membership Fee for 2004	Please indicate :
<b>€ 50</b> Payment Membership Fee => <b>CASH</b> <b>VISA</b> <b>MASTERCARD</b> <b>BANK-transfer</b> <small>(see below)</small>	

Credit card # : <small>(only VISA or MASTERCARD)</small>	Expiry Date (MM/YY) :
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Signature :	Date :
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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](mailto: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**