



IMHA

International Maritime Health Association

Individual Membership Application - 2025

Please complete this form to apply for IMHA individual membership

Please write or type in CAPITALS

LASTNAME : (family name)	Firstname :	M.I.

DATE OF BIRTH		
Day	Month	Year

TITLE				
Mr.	Mrs.	Ms.	Dr.	Prof.

Position	Activity in Maritime Health

Your Address (for postal correspondance) and or Company name

Name/Company :

Address :

Postal Code :

City :

Country :

Email & Tel :

EMAIL :

TEL :

MOBILE :

Your Payment - PLEASE INDICATE :

€ 125	Payment by => <input type="checkbox"/> VISA or MASTERCARD	<input type="checkbox"/> BANK-transfer *
		* All bankcharges should be borne by the member

In case you wish to pay by creditcard, kindly fill in your details in below :

Credit card nr :	Expiry Date (mm/yy):	
	CVC Code:	

Signature Creditcard holder:

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 - E-mail : Office@IMHA.net - Internet: <http://www.imha.net>

Bank-transfer to : KBC bank, Kattendijkdok-Oostkaai 65, 2000 Antwerp, Belgium

Account : 416-6104001-76

IBAN : BE91 4166 1040 0176

BIC : KREDBEBB

Signature Applicant :		Date :	
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*Membership applications have to be approved by the Board of Directors
We will confirm receipt of your application form.*

GDPR Notice: IMHA is obliged under the General Data Protection Regulation of 2018 (GDPR) to safeguard all individuals personal data in its possession. For more information contact the IMHA office.