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IMHA

International Maritime Health Association

Individual Membership Application - 2026

PLEASE WRITE OR TYPE IN CAPITALS

LASTNAME : (family name)		Firstname :		M.I.			
DATE OF BIRTH		TITLE					
Day	Month	Year	Mr.	Mrs.	Ms.	Dr.	Prof.
Position			Activity in Maritime Health				
Your Address (for postal correspondence) and or Company name							
Name/Company :							
Address :							
Postal Code :							
City :							
Email & Tel :							
EMAIL :							
TEL :				MOBILE :			
For your Payment - PLEASE INDICATE :							
€ 150		Payment by => ☐ VISA or MASTERCARD		☐ 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:							
Bank-transfer to: KBC bank, Kattendijkdok-Oostkaai 65, 2000 Antwerp, Belgium							
Account : 416-6104001-76		IBAN: BE91 4166 1040 0176		BIC : KREDBEBB			
Membership applications have to be approved by the Board of Directors.							
We will confirm receipt of your application form.							
IMHA Office : International Maritime Health Association – Italiëlei 51 – B-2000 Antwerp – Belgium							
E-mail : Office@IMHA.net - Internet: http://www.imha.net							
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I have read and understood the privacy notice above.							
Signature Applicant:				Date:			