Please return this form to the IMHA OFFICE by e-mail : Office@IMHA.net

IMHA

International Maritime Health Association

Supporting Membership Application - 2026

Please write or type in CAPITALS

Supporting - COMPANY NAME	
Supporting - COMPANY CONTACT PERSON	
Lastname	**Firstname**
Position	**Activity in Maritime Health**
COMPANY ADDRESS	
Email & Tel :	
EMAIL :	
TEL :	**MOBILE :**

Your Payment - PLEASE INDICATE :

€ 650	**Payment by => VISA or MASTERCARD**	**BANK-transfer** *

* All bankcharges should be borne by the originator - indicate code "OUR" on your bank-transfer

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

All 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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Your information will not be shared with third parties.
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I have read and understood the privacy notice above.

Signature Supporting - contact person:	**Date :**	

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