

Application Form 2017 for Individual Membership or Organisational Membership

Welcome to the European Association of Mental Health in Intellectual Disability, we very much appreciate your membership. As a member you are a supporter of the goals of our Association!

Please complete this form by filling in your personal data. Mail this form to the Treasurer of the EAMHID:
herman.wouters@stichtingdelacroix.be

Name/Organisation : _____
First Name : _____
Family Name : _____
Address : _____
Postcode / Zipcode : _____
Country : _____
E-mail address : _____
Telephone number : _____
SIGNATURE : _____

Register as:

- Membership Individual 2017 **€83.50** (€75 + €8.50 bank transfer and administration costs)
- Company membership 2017 **€ 403.50** (€390 + €8,5 bank transfer and administration costs)

Cancellation policy Membership

No refunds will be given.

Cancellation requests must be made via e-mail to herman.wouters@stichtingdelacroix.be

Verbal cancellations will not be accepted.

Substitution policy (name change)

The member can change the name by contacting herman.wouters@stichtingdelacroix.be

Verbal substitutions will not be accepted.

Booking condition

Membership is for 1 year.

The fiscal year of the Association is from 1 January to 31 December.