

Membership application

Name _____ Surname _____ Title _____

Phone _____ Email _____

City _____ Country _____

Address _____ Postal code _____

Membership

- I prefer affiliated membership (you can choose this membership if you are already a member of an affiliated National Society: BSDSM, SIMSO, SEMDES, NVTS) € 0
- I request an upgrade from affiliated membership to full membership (you can choose this membership if you are already an affiliated member, but you want to gain identical rights of a full member) € 85
- I request a full membership € 150
- I request student membership (for undergraduate students) € 95

Please select your National Society:

(AADSM / BSDSM / DGSZ / NVTS /SEMDES / SIMSO / iBEDSMA /none/other)

The payment of the membership shall be made by a bank transfer to:

Account holder: EADSM

BIC: TRWIBEB1XXX

IBAN: BE22 9671 9901 3347

Bank Address: Avenue Louise 54, Room S52 – Brussels 1050 Belgium

Please send to info@eadsm.eu the fulfilled membership application and the payment receipt.