

## **EANM Corporate Membership\***

## Application Form 2024

1. Type of Membership:

Please return the completed form to the EANM Executive Office by mail (a.berger@eanm.org) – membership invoice / payment confirmation will be sent.

Corporate Member (EUR 7.500.00)

2. Company Details	
Company name	
Street Street	
ZIP Code City	
Country	Phone
Fax	E-Mail
3. Contact Person / Billing Address	
□ Prof. □ Dr. □ Mrs. □ Ms □ Mr. □ Other title	
First name	Tax/VAT No.
Family name	
Institute	
Department	
Street	
ZIP Code City	
Country	Phone
Fax	E-Mail
[2.11111]	
Date Signature	

 $<sup>{}^* \</sup>text{The deliberate decision not to continue the Corporate Membership suspends the possibility for Corporate Membership application for 24 months.} \\$