

APPLICATION FORM

I here with declare my interest in becoming a member of the „European Academy for Environmental Medicine“

☐ Membership (Annual Fee: 180,—€) ☐ supporting membership (Annual Fee: 120,—€)



Name/First Name

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Address

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Email

Date

Signature

☐ I/we support the purpose and task of the Academy for Environmental Medicine as sponsor, supporter or signatories

Articles und further information to be seen under www.europaem.org / Membership + Sponsoring

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