

## **EANM Corporate Membership\***

## Application Form 2025

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

2. Company Details	
Company name	
Chront	
Street	
ZIP Code City	
Country	Phone
Fav.	F Mail
Fax	E-Mail
3. Contact Person / Billing Address	
□ Prof. □ Dr. □ Mrs. □ Ms □ Mr. □ Other title	
First name	Tax/VAT No.
	,
Family name	
Institute	
Dangertmant	
Department	
Street	
ZIP Code City	
Country	Phone
Fax	E-Mail

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