

EANM Corporate Membership*

Application Form 2026

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 | | |
| | | |
| Street | | |
| ZIP Code | City | |
| Combin | | 01 |
| 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 |
| rux | | Е-ІНШІ |
| | | |
| | | |
| Date Signature | | |

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