

2020 EuMHD INSTITUTIONAL MEMBERSHIP APPLICATION

Please, fill in this form in BLOCK CAPITAL and send via email to:

EuMHD Secretariat

e-mail: info@eumhd.com

1 Applying Institution

Please provide the full name of your institution in English followed by an acronym in parenthesis if applicable.

Name of institution	
Address	n.
City	Zip Code
State/Province	Country
Telephone	Fax
E-mail	

Website (Please provide the institution's official website):

2 Head of Institution

First Name	Last Name
Phone	E-mail
Position	Period of Mandate: from: / / to / /

3 Main Contact Person

First Name	Last Name
Phone	E-mail
Position	

4 General Information

Please check ✓ the appropriate boxes.

► Legal status of institution:

- State Established University/Institution
- Private Not-for-Profit University/Institution
- Private For-Profit University/Institution
- Other, please specify:



► Activities:

- Formation
- Research
- Participation in international research programs
- Other, please specify:

► Accreditation

Does the institution issue academic degrees?

- Yes No

Is the institution accredited as required by national law?

- Yes No

5 EuMHD Membership Rates

Membership lasts one year. All prices are quoted in Euro.
Please check ✓ the appropriate box.

- | | |
|--|-------|
| <input type="checkbox"/> Silver (up to 20 members) | 750€ |
| <input type="checkbox"/> Gold (up to 30 members) | 1000€ |
| <input type="checkbox"/> Platinum (up to 50 members) | 1500€ |

6 Payment Method

All prices are quoted in Euro. EuMHD membership will only be confirmed upon receipt of full payment by BACS.

- Bank Transfer (BACS)* to EuMHD Association

See Bank Coordinates:

Beneficiary: EUMHD-EUROPEAN MAGNETOHYDRODYNAMICS SOCIETY

IBAN number: IT30R0200804810000105506360

BIC-/ SWIFT code: UNCRITM1H60

Payment details: "EuMHD fee 2020 for _____" (give your Institution name)

*Please note that all transfer expenses must be assumed by the sender.

7 Please Sign Your Application

I authorize the verification of the information provided on this form, and understand that membership is dependent on approval from the EuMHD Executive Committee. I confirm that my institution will pay the annual membership fee upon approval, and understand that the EuMHD membership is governed by EuMHD's terms and conditions and relevant provisions in the EuMHD constitution.

- I agree





Given the unlimited duration of the association, I can withdraw, even without notice, from the EuMHD Association by letter to be presented to the Council and in this case no reimbursement will be due.

I understand that EuMHD will communicate with the contact person regarding this membership and all related benefits.

Application must be signed.

Date _____

Signature of the Head of Institution _____

Signature of the Main Contact Person _____

In compliance with Leg. Decree no. 196/2003 and with regards to the processing of the personal data indicated on this form, we inform applicants that your personal information will be included in our database and processed exclusively for purposes related to this Society. These data shall not be transferred to third parties.

Failure to authorize the processing of personal data compromises this fulfilment.

By signing this form, the signer declares that is aware of the contents of art. 13 of Leg. Decree 196/2003 and in particular, of the purposes and methods of data processing and any other detail foreseen by the above mentioned law.

Date _____

Signature of the Head of Institution _____

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