

2020 EuMHD INDIVIDUAL MEMBERSHIP APPLICATION

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

EuMHD Secretariat

e-mail: info@eumhd.com

1 Name & Contact Information

Please PRINT your name as you want it to appear on your membership card.

Male Female Date of birth (Day/Month/Year) _____/_____/_____

Title	Family Name
First Name	
Company	
Position	Department
Address _____ n.	
City	Zip Code
State/Province	Country
Telephone	Fax
E-mail	

2 Professional Experience

Members according to Individual Membership are individual scientists whose current activity is related to MHD research and development. Please highlight here the contact points with the MHD:

3 EuMHD Membership Rates

Membership lasts one year. The student fee applies to anyone who provides proof of student status.

All prices are quoted in Euro.

Please check ✓ the appropriate box.

▶ **Regular** 85€ **Student** 50€



4 Payment Method

All prices are quoted in Euro. Payment must accompany this application form. 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 name)

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

5 Please Sign Your Application

I hereby apply for EuMHD membership and agree to commit to respecting the provisions of the EuMHD statute, the resolutions of the corporate bodies, as well as the provisions of the Internal Regulations of the EuMHD Association.

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 me regarding my individual membership and all related benefits.

Application must be signed.

Date _____

Signature _____

In compliance with Leg. Decree no. 196/2003 and with regards to the processing of the personal data indicated on this form, we inform the associates that your personal information will be included in our database and processed exclusively for purposes related to the EuMHD 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 _____

