



THE ASSOCIATION OF MEDICAL SCHOOLS IN EUROPE

APPLICATION FORM FOR MEMBERSHIP

The Medical School/ Medical Faculty/ Medical Academy of the

University

Faculty

Street

City

Country

Zip/ Postal Code

Which is represented by

a) The Dean

Name

E-mail

Telephone

b) And/or by another authorised representative

Name

Position

E-mail

Telephone

Signature

Date

General information:

The annual membership fee will be 300 Euro (excluding bank charges). It will be due for a calendar year regardless of the time at which the entry has occurred in that year.

After having accepted your application you will get a confirmation together with an invoice for the subscription fee to be settled within 30 days.