



UAEM Membership Application Form

Student

Non-Student

Family Name, First Name

Date of Birth (dd.mm.yyyy)

Date of Expected Graduation (dd.mm.yyyy)

Email Address

Chapter

Country of Residence

Membership Fee

UAEM Europe encourages its members to contribute towards sustaining its network costs.

Note: Exemption from paying the membership fee can be claimed by writing to the board (board@uaem-europe.org) without having to give a reason. This exemption is valid for the duration of your membership (until and including expected graduation year).

I agree to pay a membership fee towards UAEM Europe of:

20,00 € for students, those of low income and/or unemployed.

50,00 € for non-students, individual members and/or alumni.

Self-decided (> 20,00 €) _____.

Membership Fee Payment Options

By automatic bank debit

Your membership fee will be drawn from your bank account every year automatically on April 1st, until and including your expected year of graduation. In case April 1st is not a working day, the money will

be drawn at the next following working day. Please fill out the SEPA Mandate Form and send it to office@essentialmedicine.org with your signed Membership Form.

By bank transfer

Please transfer the money to the following bank account and indicate your name and the year the membership is meant to be for. You will have to manually transfer the membership fee every year of your active membership, until and including your expected year of graduation.

Universities Allied for Essential Medicines Europe e.V.

IBAN: DE17 4306 0967 1121 3888 00

BIC/SWIFT: GENODEM1GLS

Bank: GLS Gemeinschaftsbank Bochum

Cash at the European Conference

Please bring enough cash to the European Conference for your membership fee.

Application and Policies

By signing this form, I agree to become a member of Universities Allied for Essential Medicines Europe e.V. and I confirm that I have read, understood and accepted the terms within the membership policy and rules of representation.

The collected data will be stored and used according to our data protection policy which is in line with GDPR. The data will be used mainly for membership administration and communication purposes. Additional purposes are mentioned in the data protection policy or are asked specially during registration process.

Communication Channels

Add me to the following communication channels:

UAEM Europe Email Server

Newsletter of UAEM Europe (you can also sign up [here](#))

UAEM Europe Basecamp

And you can also join us on Facebook 'UAEM Global / members group'.

Date, Signature

To complete your membership application please send the completed and signed form to office@essentialmedicine.org.



UAEM SEPA Mandate Form

I agree to pay a membership fee towards UAEM Europe of:

- 20,00 € for students, those of low income and/or unemployed.
- 50,00 € for non-students, individual members and/or alumni.
- Self-decided (> 20,00 €) _____.

By signing this mandate form, you authorise Universities Allied for Essential Medicines Europe e.V. to send instructions to your bank to debit your account in accordance with the instructions from Universities Allied for Essential Medicines Europe e.V.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the date on which your account was debited.

Please fill in all fields.

Family Name, First Name of Debtor

Street Name, Number

Postal Code, City

Country

Name of Credit Institute (Bank)

BIC

IBAN

Location, Date, Signature