



## Application Form

**Please print in capital letters!**

Business Name - Institution \_\_\_\_\_

Surname \_\_\_\_\_

Change of Name  yes  no Former name \_\_\_\_\_

First name \_\_\_\_\_

Contact address \_\_\_\_\_

Street, No. \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please tick whether your address can be published  yes  no

### Full member

I am a:  Registered Nurse  Enterostomal Therapist  Doctor

I am applying for the following membership:

Annual membership (€20 fee)

Two-year membership (€35 fee)

### Associate member

I am an:  Industry Professional  Other: \_\_\_\_\_

I am applying for the following membership:

Annual membership (€100 fee)

Two-year membership (€180 fee)

**Please pay your membership fee electronically via the following bank account:**

No. 630-5002303

IBAN BE 38 6305 0023 0372

Swift Code (BiC Code) BBRUBEBB

ING Belgium

**IMPORTANT: Membership renewals are due by May 15th**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Fax completed Application Form to 01676520034