**APPLICATION FORM - 2024**

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| --- | --- |
| First Name: |  |
| Family name: |  |
| Address: |  |
| E-mail: |  |
| Affiliation:*(place of study or work/max. 2 names)* |  |
|  |  |
| Do you have law degree? If not, please, indicate the one you have. | Yes / No |
|  |  |
| If you are a student/PhD student, please, indicate the specialty you study/do research. |  |
|  |  |
| Are you a lawyer involved with health law issues? | Yes / No |
|  |  |
| Briefly describe the nature of this involvement |  |

I hereby apply for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* membership (please, indicate which one) of the European Association of Health Law and will pay the requisite fee of:\_\_\_\_\_

I *do/do not* (please, circle/underline your option) wish to subscribe to the European Journal of Health Law at a reduced rate *of 88 euros* for EAHL members.

*\* Prices for one year membership: regular membership -76 euro (two-year reduced fee - 130 euro), student/PhD student – 38 euro, associate (for non-Europe residents only) – 38 euro*

*\*\*For the duration of my membership, I hereby agree to have my personal data (name, e-mail address, affiliation, other contact information provided) processed by EAHL-administration.*

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