



**EBMT CORPORATE MEMBERSHIP APPLICATION FORM**

As a representative of (company name) .....

I would like to apply for corporate membership for a minimum of three years\* as specified in the constitution of the EBMT and according to the guidelines of EBMT corporate membership at

- LEVEL I            10,000 Euros per annum
- LEVEL II           20,000 Euros per annum
- LEVEL III          50,000 Euros per annum
- Senior Patron    > 100,000 Euros per annum

Beginning (month/year) .....

*\* Where membership is not cancelled 30 days prior to the expiry date it will be automatically prolonged for one year*

**Company** .....

Medical Director .....

Address .....

Phone .....

Fax .....

Web Site .....

**Representative(s)** .....

Address .....

Phone .....

Fax .....

E-mail .....

.....

.....

Date

Signature of Representative

**Please send the completed form to:**  
 Fiona Mc Donald, Executive Office, EBMT Secretariat  
 Dept. of Hematology · Villarroel 170 · 08036 Barcelona, Spain  
 Phone: 34-93-454-9543 · Fax: 34-93-453-1263 · E-mail: fiona.mcdonald@ebmt.org