

## MEMBERSHIP APPLICATION

I hereby apply, on behalf of the mail service pharmacy mentioned below, for membership to the European Association of E-Pharmacies (EAEP). I undertake to comply with the regulation of the statute, to publicly advocate it and to promote the EAEP.

Pharmacy / Firm	<input type="text"/>		
Owner / Managing Director	<input type="text"/>		
Street	<input type="text"/>		
Postcode	<input type="text"/>	Town	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Mobile number	<input type="text"/>		

I undertake to comply with the regulation of the statute, to publicly advocate it and to promote the EAEP. Owing to the contributions to be paid by me, I authorise the EAEP access to the following account:

Account holder	<input type="text"/>
Name of bank	<input type="text"/>
IBAN	<input type="text"/>
BIC	<input type="text"/>

I agree to the storage of the data I have supplied, in accordance with the Dutch data protection regulations.

Location / Registered office	<input type="text"/>	Date	<input type="text"/>
<hr/> <p style="text-align: center;">Signature</p>		Seal	<input type="text"/>