



APPLICATION FORM - 2025

First Name:	
Family name:	
Address:	
E-mail:	
Affiliation: <i>(place of study or work/max. 2 names)</i>	
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 and I commit to inform the EAHL Secretariat of any changes in personal data.*

Signature: _____

Date: _____