EUROPEAN ASSOCIATION of HEALTH LAW

APPLICATION FORM – 2026

---

1. Personal Information

- **First Name:** _____
- **Family Name:** _____
- **Address:** _____
- **E-mail:** _____

2. Current academic or professional position

(Briefly describe your academic background and nature of your involvement in health law issues in 1-2 sentences)

_____

_____

3. Affiliation (university / institution / other – max. 2):

_____

_____

4. Education

- ☐ I have a law degree
- ☐ I do not have a law degree

If no, please indicate your degree:

_____

5. Application Type

- ☐ Student (bachelor/masters degree) / PhD student
  - Field of study / research: _____
- ☐ Professional
  - Area of practice: _____

6. Health Law Involvement

- ☐ I am a lawyer involved in health law issues
- ☐ I am not a lawyer involved in health law issues

Membership Type Selection

Please select one option (prices indicate one-year fee):

- ☐ **Regular Membership** – 76 EUR (☐ - 130 EUR for 2 years)
- ☐ **Student / PhD student** – 38 EUR
- Would you like to join EAHL Young Scholars Interest Group? ☐ Yes ☐ No
- ☐ **Associate Membership** (non-Europe residents only) – 38 EUR

Journal Subscription

Would you like to subscribe to the *European Journal of Health Law* at the reduced member rate (88 EUR)?

- ☐ Yes
- ☐ No

Consent & Data Protection

I hereby apply for membership in the European Association of Health Law (EAHL) and agree to pay the applicable membership fee.

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

This processing is carried out in accordance with applicable data protection laws, including the General Data Protection Regulation (GDPR). I understand that I have the right to:

- access my personal data
- request correction of inaccurate data
- request deletion of my data
- withdraw consent at any time

I undertake to inform the EAHL Secretariat of any changes to my personal data.

Declaration

- ☐ I confirm that all information provided in this application is complete and accurate.

* All fields must be completed. Incomplete applications may be returned.

Signature: _____

Date: _____