



European Āyurveda
Medical Association

Membership Application Form for Individuals (Associate Member)

European Ayurveda Medical Association
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E: info@ayurveda-association.eu | W: www.ayurveda-association.eu

For office use only	Date received	Membership accepted	Membership number
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Title | First name | Last name

Profession

Hospital/Univ. Hospital Private Clinic Private Practice _____
Other Institution

Name of Institution

Professional Address Private Address _____
Country

Street | No.

Country Code | Postal Code | Place

E-mail | Website

Phone | Mobile Phone | Fax (please include area code)

Yes No _____

Member of a national Ayurveda Association | If yes, name of the Association

I hereby apply for an individual membership in the European Ayurveda Medical Association (EURAMA) and resolve to abide by the Constitution if accepted into membership. As a member I will punctually pay the membership fee as fixed by the General Meeting and published on the website (Fees Schedule).

Place | Date

Signature

Please return the completed form to the EURAMA Office by mail, Fax or e-mail [see address above] with the following documentation:

- A short Curriculum Vitae
- Copies of corresponding diploma or academic certificates

Membership information plus invoice / payment confirmation will be sent on receipt.