

MEMBERSHIP CONTRACT

- between the European Association of Music Therapy Students and the student -

Name: _____

Address: _____

City / postal code: _____

Country: _____

Phonenumber: _____

E-Mail: _____

Related School: _____

Address: _____

Website/E-Mail _____

Motivation for joining the EAMTS (optional)

Conditions for membership:

- The annual contribution amounts to 20 € for a regular member. It can also be paid in semi-annual rates of 10 €.
- The financial year of the EAMTS corresponds to the university semesters **September-February** and **March-August** as in most of the European countries.

The dates for payment are the 1st of September and the 1st of March.

- The membership fee should be transferred to the following bank account

Bank account: EAMTS Account number: 1103836200 IBAN Nr.:DE42 4306 0967 1103 8362 00 BIC/SWIFT Code: GENODEM 1GLS Bank: GLS Gemeinschaftsbank eG Bochum BLZ: 430 609 67

Cancellation:

The contract can be quit at the end of each semester with one month notice.

A member of the EAMTS may claim against all services provided by the association and will be regularly informed about any news and activities of the EAMTS.

I have read the conditions and agree to them.

Date

Member

Date

EAMTS – Coordinator