

International HazMat Association c/o GSR Services e.K. Munstermannskamp 1 21335 Lueneburg Germany

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Tel: +49 (0)4131 7898 - 193 Fax: +49 (0)4131 7898 - 196 E-Mail: info@gsr-services.com

IHMA Membership Application Form

Applicant:				
Surname:				
Name:				
Company:				
Address:				
Street:				
Zip code:				
City:				
Country:				
Phone:				
Fax:				
E-mail:				
Membership:	п	Full Membership	(2.500,-€/year)	
•		Candidate Membership	(2.500,-€/year)	
	_	Associated Membership		

Rev. 1.0, 2013-01-23

Application form



Approvals:	
Please list applicable a	pprovals and name relevant Classification Society/ies:
I'm an approved IHM Expert:	□ No
	☐ Yes, by:
No. of approved colleagues	
My company is approved by:	□ No
	☐ Yes, by:
Payments:	
☐ The member f	ee shall be invoiced to the contact details provided on page 1
☐ The member f	ee shall be directly debited from the following bank account:
Account Holder:	
Institute:	
IBAN:	
BIC:	
Account Number:	(within Germany only)
Bank Code:	(within Germany only)
I have read und under accordingly	stood the deed of incorporation of IHMA and I do accept and act upon it
Place, Date:	
Signature / Stamp:	

Please send a scan to: Henning.Gramann@gsr-services.com

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