



ASIM

c/o Hon.-Prof. Dr. med. M. Merkel
Geschwister-Scholl-Str. 29
20251 Hamburg

Geschäftsstelle

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20251 Hamburg

www.asim-med.de

I apply for a membership with the Association for the Study of Inborn Errors of Metabolism in Adults (ASIM) as

regular member

associate member

Title:	_____
First name:	_____
Last name:	_____
Institution:	_____
Street:	_____
Zip Code:	_____
City:	_____
Phone.:	_____
Fax:	_____
E-mail:	_____

Requirements for admission

Regular member: Any physician having a licence to practice medicine, any scientist and any dietician with special interest and/or experience in the field of metabolic diseases in adulthood supporting the purposes of ASIM may become a regular member of ASIM.

Associate member: All persons, associations and companies supporting the ends of the ASIM may become associate members. They are not entitled to vote at members' assemblies.

The application for membership must be supported with 2 reference letters by members.

The annual membership fee is 25,00 €

Date: _____

Signature: _____

Commending Member

Commending Member

I hereby authorize the Association for the Study of Inborn Errors of Metabolism in Adults (ASIM) for a direct debit mandate from my account

IBAN: _____

BIC (SWIFT): _____

Bank: _____

Account holder: _____

Date: _____

Signature: _____