

Declaration of Accession / Beitrittserklärung

I hereby apply for membership in the association Universities Allied for Essential Medicines Europe e.V.

Ich beantrage hiermit die Mitgliedschaft in dem Verein Universities Allied for Essential Medicines Europe e.V.

PLEASE FILL IN USING CAPITAL LETTERS

family name / Name

first name / Vorname

street, number / Strasse, Hausnummer

city, postal code / Ort, PLZ

country/ Land

E-mail

phone / Telefon

UAEM chapter I am active in (optional)

student status: YES / NO

expected year of graduation: _____

- I acknowledge, endorse and will uphold the shared global UAEM Vision, Mission and Values (VMV).
- I declare that I have no conflict of financial or non-financial interests with UAEM's VMV; I don't work at a pharmaceutical company and I have never received payments from the pharmaceutical industry.
- I am aware of the rights and duties of members as stated in the organization's Articles of Association. (→ §4 'The members are entitled to participate in all events carried out by the association. They also have the right to propose motions to the Board and the General Assembly. In the General Assembly, the voting rights can only be exercised in person. The members have the duty to support the association and the association's statutory purpose in an orderly manner, including in the public.') Membership can be revoked by the Board if members don't uphold their duties.
- I agree that my personal data collected here for membership purposes may be stored by UAEM Europe. / Ich bin damit einverstanden, dass zur Verwaltung meiner Mitgliedschaft meine hier angegebenen Daten gespeichert werden.
- For **UAEM Netherlands** chapter only:
By becoming a member of UAEM Europe, I also seek membership of UAEM NL and am therefore applying to a dual-membership to both organisations, which are legally connected.

Ort, Datum, Unterschrift / place, date, signature