



ORganisation of PhD Education in Biomedicine and Health Sciences
in the EUropean System

MEMBERSHIP APPLICATION FORM

(Please tick) **First** **Renewal**

Name of the institution

.....

Postal address.....

.....

URL (web address)

Name of PhD program (if exists).....

Responsible person for PhD Program (title, name, E-mail)

.....

PhD Program URL

Institution is represented by the Rector/Dean/Director or another authorized representative

Name (title and function)

E-mail address

Applies for membership of ORPHEUS

(Please tick) **REGULAR** **ASSOCIATE**

for one year, to begin on (Date)

The membership fee of 400 Euro (excluding bank charges) will be transferred to the ORPHEUS account:

Raiffeisen Bank Austria d.d., Croatia
Bank address: **Jurisiceva 4, HR-10000 Zagreb, Croatia**
Account holder: **ORPHEUS / EUDSBIZ**
Account number: **7030-02181240**
SWIFT / BIC: **RZBHHR2X**
IBAN: **HR3824840081105419425**

Signature.....

Date.....