

**Application for admission
German society of gynaecology and obstetrics e.V.**



Please send in windowed envelope or by fax to +49 30 51488344, E-Mail: mitglieder@dggg.de

DGGG e.V.
Repräsentanz der DGGG
und Fachgesellschaften
Hausvogteiplatz 12
10117 Berlin

I am already member of BVF: no
 yes, membership nr. BVF: _____

Title _____ Surname _____ First name _____ Birth date _____

Function in gynaecology and obstetrics or please note down other medical speciality:
(m/f) _____

assistant specialist senior physician consultant
 resident physician head physician medical director student**

Others media** science** private person** retired**

I am involved in the following social project in the field of gynaecology and obstetrics: _____

Annual member-ship fee	for assistants / pensioners**	€ 70 or € 80*	* In the DGGG-members´ meeting of 09/17/2004 was passed a special penal law protection insurance for DGGG-members who aren´t members of the BVF as well. The contribution to this group insurance is already part of the membership fee, so is charged off automatically. ** There is no penal law protection insurance.
	for senior physicians, specialists	€ 180 or € 190*	
	for consultants, resident physicians	€ 200 or € 210*	
	for head physicians / medical directors	€ 220 or € 230*	
	for media, science, private persons	€ 180**	
	for students**	max. 2 years non-contributory	

Company address: _____

E-Mail: _____

Phone: _____ Fax: _____

Home address: _____

E-Mail: _____

Phone: _____ Fax: _____ Newsletter welcome

I ask for admission as a member of the German society of gynaecology and obstetrics Date, Signature _____

Info: If you do not take part at the bank collection procedure, we have to charge an additional administrative fee of € 5.

Authorization for direct debit Bank _____
IBAN _____
BIC _____

I hereby authorize the honorary treasurer of the German society of gynaecology and obstetrics to debit the payment of contribution from my bank account by the maturity date until revoked. If my personal information changes, I will inform the German society of gynaecology and obstetrics head office promptly.

I agree to the storage, processing and conveyance of these data pursuant to Federal Data Protection Act fulfilling the statutory tasks of the German society of gynaecology and obstetrics.

Date, Signature _____