

Strophanthus e.V.

Registry court Coburg, VR 200375

Declaration of membership

Please fill in the forr	n using clear block le	tters !!!			
last name:			first name:		
address:			date of birth:		
			phone:		
			mobile phone:		
_			email:		
Membership (as	signment of your ow	n free choice):			
○ membership of a	gratitude: 6 EUR/mo	nth 🔘 doc	tor and alternativ	e practitioner: 15 EUR	/month
O basic membersh	ip: 3 EUR/month	○ pha	rmacist and supp	lier: 20 EUR/month	
Way of payment	:	osemi-annual	○ annı	ual	
•	gins on the first day o	_		e of signing the declara	ation of
Hereby I allow that	the contribution of m	nembership is payed	d via SEPA direct (debit:	
IBAN:					
BIC:		only when abro	oad		
I have read the associa statement informs into The privacy statement referring to Article 13	er alia about which data contains as well the "ir	nt (web page, 4 th mer a of the member is stonformation obligation rticle 6, paragraph 1,	nu point). By signing ored and processed of the affected per lit. b) DSGVO, proce	;, I confirm and recognize by the association for w son when collecting the essing personal data is la	hich purposes. ir personal data
Attention: The mem 30 September.	bership can be cance	elled by the end of t	the year if a writte	en message has been I	nanded in until
Who is or was the d	loctor to prescribe or	r consult you about	t strophantin?		
				_	
Place, date		signature			

Please scan this form and send it via email to: strophanthus.ev@gmail.com or as a letter to Dr. Debusmann, Am

Chairman: Dr. Wieland Debusmann, Am Ölberg 36, 96450 Coburg 2nd chairman: Dr. Lutz Riedel, Dorfstraße 21, 99518 Rannstedt

treasurer: temporarily Dr. Wieland Debusmann

Ölberg 36, 96450 Coburg, Germany