

Strophanthus e.V.

Registry court Coburg, VR 200375

Declaration of membership

Please fill in the fo	orm usi	ng clear block le	etters !!!				
last name:				first name:			
address:					date of birth:		
					phone:		
					mobile phone:		
					email:		
Membership ((assignr	ment of your ow	n free choi	ice):			
o membership o	of gratit	tude: 6 EUR/mo	onth	○ doc	tor and alternativ	e practitioner: 15 El	JR/month
○ basic membership: 3 EUR/month○ pharmacist and supplier: 20 EUR/month							
Way of payme	ent:	O quarterly	○sem	i-annual	ann	ual	
The membership membership. The	_	-		_		e of signing the decla	aration of
Hereby I allow tha	at the c	ontribution of n	nembership	p is paye	d via SEPA direct	debit:	
IBAN:							
BIC:			only w	vhen abro	oad		
statement informs in The privacy statement	ociation' inter alia ent cont 13 DSG\	s privacy stateme a about which dat at a swell the "i According to A	ent (web pag a of the me information Article 6, par	ge, 4 th mer mber is st obligatior ragraph 1,	nu point). By signing ored and processed n of the affected pe lit. b) DSGVO, proce	g, I confirm and recogn I by the association for rson when collecting ti essing personal data is	r which purposes. heir personal data'
Attention: The me	embers	hip can be canc	elled by the	e end of t	the year if a writte	en message has bee	n handed in until
Who is or was the	e docto	or to prescribe o	r consult y	ou about	t strophantin?		
							_
						_	
Place, date			signatu	ire			

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, D- 96450 Coburg 2nd chairman: Simone von Gloeden, Kölner Tor 16, 40625 Düsseldorf

treasurer: Patric Koch, Leibnizstr. 4, 96450 Coburg

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