



Application Form

to become a member of the
Verband der Gesundheitsdienstleister Deutschland e.V.

Name / Company / Institution:

Telephone Fax:

E-Mail www-address:

Contact person

Address

Vocation / Profile:

Brief motivation for the application:

Membership in other organizations:

Power of decision lies with the directorate according to § 7 (3) of the VGDD- memorandum.*

With the acceptance I commit myself to the payment of the annual contribution as fixed by the board of the Verband der Gesundheitsdienstleister Deutschlands e.V.

Contribution Scale:

Students	€ 30,-	<input type="checkbox"/>
Natural members + individual enterprises	€ 50,-	<input type="checkbox"/>
Companies (< 25 employees) + public institutions	€ 100,-	<input type="checkbox"/>
Companies (> 25 employees)	€ 200,-	<input type="checkbox"/>

Location, Date

Name (please print)

Legally binding signature/ stamp

* Preconditions to being accepted are:

- Those requiring membership must be active in the health care sector / prevention for at least three years
- Membership of followers and/or members of sects is prohibited.

Duly received:

Resolution of the Board:

Admission as of: