

Return address

Deutsche Gesellschaft für Laserzahnheilkunde e.V.
c/o Universitätsklinikum Aachen
Klinik für Zahnerhaltung
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Membership application form



Name/title: _____
Surname: _____
Date of birth: _____
Approbation: _____

Status: ☐ self-employed ☐ employed ☐ civil servant ☐ student ☐ dental assistant

Address: Practice/office/institute (delete as applicable)

ZIP/city: _____ Street: _____
Phone/fax: _____ Email: _____
Private/place: _____ Street: _____

Due to an association agreement of DGL and DGZMK, an additional reduced annual fee for DGZMK is charged (85 EUR p.a. if you are not yet a member of DGZMK). The contribution collection is made by the DGMZK office, Liesegangstr. 17a, 40211 Düsseldorf. You will be addressed hereby.

With the application for membership I ensure that

- ☐ I am owing an own practice since _____ and are working with the laser type _____ (exact name)
- ☐ I am employed at the practice _____
- ☐ I am employed at the University _____

I apply for membership in the German Association of Laser Dentistry (Deutsche Gesellschaft für Laserzahnheilkunde e.V.)

Place, date

Signature

Annual fee: for voting members with direct debit €150

In case of no direct debit authorisation, an administration charge of €31 p.a. becomes due.

DIRECT DEBIT AUTHORISATION

I agree that the members fee is debited from my bank account

Name: _____ IBAN: _____
BIC: _____ Credit institute: _____

Signature of account holder

This declaration is valid until written notice of its revocation