

Return address:

Deutsche Gesellschaft für Laserzahnheilkunde e.V.
c/o Universitätsklinikum Aachen
Klinik für Zahnerhaltung
Pauwelsstraße 30
52074 Aachen, Germany

Tel.: +49 241 8088164
Fax: +49 241 803388164
Credit institute: Sparkasse Aachen
IBAN: DE56 3905 0000 0042 0339 44
BIC.: AACSD33

Membership application form



Name/title: _____

Surname: _____

Date of birth: _____

Approbation: _____

Status: self-employed employed civil servant student dental assistant

Address:

Street: _____ Phone: _____

ZIP/city: _____ Fax: _____

Country: _____ E-Mail: _____

With the application for membership I ensure that

- I am owning 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