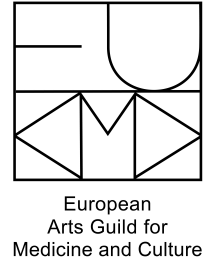


## Declaration of membership



I hereby declare my interest in a membership of the European Arts Guild for  
Medicine and Culture, e.V. Berlin as of \_\_\_\_\_.

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country: \_\_\_\_\_

State: \_\_\_\_\_ Place: \_\_\_\_\_

Postal code: \_\_\_\_\_ Street: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By my signature I acknowledge the statutes of the association. The current annual membership fee is 30€, (for students 5€), which we ask you to transfer annually to the association's account (Europäische Künstlergilde für Medizin und Kultur e.V., IBAN: DE28 3006 0601 0005 8020 00, BIC: DAAEDEDXXX, Deutsche Apotheker- und Ärztebank) or to use the SEPA direct debit mandate.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the new member

### Issuance of the SEPA direct debit mandate

I authorize the association - Europäische Künstlergilde für Medizin und Kultur e.V. - located in Berlin, to collect recurring payments from my account by direct debit. At the same time, I instruct my credit institute to honor the direct debit drawn on my account by the association.

The membership fee is due as an annual fee on February first of each year.

Note: I can request a refund of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my credit institute apply.

Credit institute:		BIC:	
IBAN:			
Account holder			

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the account holder