



PuG e.V. \* Theodor-Heuss-Platz 12 \* 59065 Hamm

Forschungsgruppe Pflege und Gesundheit e.V.  
Theodor-Heuss-Platz 12  
59065 Hamm

Germany

### **Declaration of Accession**

(please fill in printed letters!)

Herewith I would like to become a member of the *Research Group Nursing and Healthcare* (incorp. Society) at the beginning of the calendar year \_\_\_\_\_.

surname: \_\_\_\_\_

first name: \_\_\_\_\_

date of birth: \_\_\_\_\_

name at birth: \_\_\_\_\_

street name / number: \_\_\_\_\_

phone: \_\_\_\_\_

post code,city: \_\_\_\_\_

e-mail: \_\_\_\_\_

I apply for

normal membership

25 € per calendar year

reduced membership (for pupils, students)

15 € per calendar year

sponsor-membership. My membership fee accounts for

\_\_ € per calendar year.

place/date: \_\_\_\_\_

signature: \_\_\_\_\_

### **Direct debit authorisation**

Herewith I /we authorize you to collect revocably the amount due which arises in connection with my/our membership at maturity via debit note from my/our current account.

account number: \_\_\_\_\_

financial institute: \_\_\_\_\_ place: \_\_\_\_\_

bank sorting code: \_\_\_\_\_

If my account does not cover the required amount, the account holding bank will not be obliged to honour this debit note. A partial payment will not be made by direct debit.

place / date: \_\_\_\_\_

signature: \_\_\_\_\_