

German Association of Shoulder and elbow surgery e.V.

Section of the DGOOC, Section of the DGOU



Membership application form

Please send the completed form via mail or fax to:

Intercongress GmbH, DVSE e.V.-Mitgliederverwaltung, Ingeborg-Krummer-Schroth-Str. 30, 79106 Freiburg

Tel: +49-761-69699-247, fax: +49-761-69699-11, email: mitgliederverwaltung@dvse.info

..... Name Given name Title
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Please provide your home address:

..... Street Postal code, city Country
..... Telephone Fax Email address (mandatory)
..... Date of birth Homepage	

Membership fee based on function:

120€/year

residents

150€/year

consultants, practitioner, leading function

Fees are payable via direct debit.

Account information:

..... Account holder IBAN
..... Bank BIC

Intercongress creditor ID: DE15ZZZ 000 004 457 05

You will receive your mandate reference with the invoice.

Function:

- | | |
|---|---|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Medical director |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Section head |
| <input type="checkbox"/> Senior consultant | <input type="checkbox"/> Practitioner |
| <input type="checkbox"/> Head of department | |

Earlier function, activity, membership in other medical or professional organizations of

particular interest: _____

- DGOOC DGU DGOU

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Herewith I submit my application to be accepted as an ordinary member of the DVSE.

My address may be forwarded to promotional companies. I agree I disagree

My information may be published on the homepage of the DVSE. I agree I disagree

Please provide your work address for publication on the homepage:

..... Institute Department
..... Street Postal code, City, Country
..... Telephone Fax

Guaranty:

The statute of the German Association of Shoulder and Elbow Surgery e.V. declares that a formal application is required to be accepted a member. The applicant has to be promoted by signature of one member of the board and two ordinary members on the application form.

Admission of the applicant is advocated by:

1. _____
Name City Signature
2. _____
Name City Signature
3. _____
Name City Signature

Information regarding the guaranty:

If you do not personally know a member of the board or an ordinary member, we advise to introduce yourself to a member of the DVSE in your region (see DVSE homepage: <http://www.dvse.info/organisation/mitglieder.html>) and to request his or her guaranty. The other two guarantees may be acquired by submitting a CV, that illustrated your occupational dedication in the field of shoulder and elbow surgery, as well as a list of publication, if applicable.

Place and date

Signature