

## I apply for membership in the EAGP

name:

first-name:

profession:

address:

fone:

e-mail:

annual fee: 50€

bank account of the EAGP:

EAG, Deutsche Apotheker- und Ärztebank eG Düsseldorf

Konto-Nr.: 0002711532, BLZ 300 606 01

IBAN: DE 63 3006 0601 0002 7115 32

BIC: DAAEDED

I would like to pay the fee for

2010 / 2011 / 2012 / 2013

Please charge my Visa- / Master-Card:

Card Number

Expiration Date

Please print this form and send it to:

Prof. Joanna Rymaszewska, MD, PhD,  
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