

Application form

I ...

Title	
Name, First name	
Job	
Street	
Postcode / Place	
Date of birth	
Telephone	
Mobile phone	
Telefax	
E-mail	

hereby apply to be accepted as a member a partner (please check)
Only in conjunction with a new or existing membership!

of the Vereinigung zur Förderung der Schwingungsmedizin e.V.



You can pay via PayPal:
 Via PayPal – transferred as friendship instruction
 Email: kontakt@vereinigung-schwingungsmedizin.de

Please debit my account as follows

Account holder	
IBAN	
BIC	
Bank name	

Membership fee:

The membership fee is from 2019 on 60,00 Euro per year, the membership fee for a marriage or live partner is 30,00 Euro per year.

Please send to:

Vereinigung zur Förderung der Schwingungsmedizin e.V.
 Schönefeldstr. 12 | 57368 Lennestadt
 or by telefax: 02721 / 9539240
 kontakt@vereinigung-schwingungsmedizin.de

_____ Date

_____ Signature