

Charité Universitätsmedizin  
Klinik für Gynäkologie  
c/o Geschäftsstelle Arbeitsgemeinschaft Endometriose (AGEM)  
zH Vorsitzende Prof. Dr. S. Mechsner

Augustenburger Platz 1  
13353 Berlin

## Application for membership

I hereby apply for admission to the association **Endometriosis Special Interest Group of the German Society for Gynecology and Obstetrics**. A prerequisite for membership in the Endometriosis Special Interest Group is a membership in the German Society for Gynecology and Obstetrics.

Title \_\_\_\_\_  
Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Birth date \_\_\_\_\_

### Professional address

Hospital, Clinical Practice or Office \_\_\_\_\_  
Department \_\_\_\_\_  
Street and house number \_\_\_\_\_  
Postal code and city \_\_\_\_\_  
Website \_\_\_\_\_  
E-Mail (for official business) \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax \_\_\_\_\_

### Private address

Street and house number (private) \_\_\_\_\_  
Postal code and city (private) \_\_\_\_\_  
E-Mail (private) \_\_\_\_\_  
Membership number DGGG \_\_\_\_\_

# Endometriosis Special Interest Group



Members of the AG Endometriose must be members of the DGGG e. V., this is the prerequisite for a membership in the AG Endometriose.

I hereby apply for membership in the Endometriosis Special Interest Group.

I agree to the payment of the membership fee by direct debit and to the storage, processing and transmission of this data in accordance with the German Federal Data Protection Act (BDSG) as part of the statutory tasks of the AGEM.

Location, Date

\_\_\_\_\_  
Signature

## SEPA Direct Debit Mandate for SEPA Core Direct Debit Scheme

Creditor Identifier: DE 51 ZZZ00002297757

I / we authorize the AGEM to collect payments of **80,- €** per year from my / our account by direct debit. At the same time, I / we instruct my / our bank to honor the direct debits drawn by the AGEM to my / our account. Note: I can demand reimbursement of the debited amount within 8 weeks, beginning with the debit date. The conditions agreed upon with my credit institute apply. Payment method: recurring

### Payment

Account holder \_\_\_\_\_

IBAN \_\_\_\_\_

SWIFT/BIC-Code \_\_\_\_\_

Location, Date

\_\_\_\_\_  
Signature