Deutsche Akademie
für Mikrotherapie
DAfMT
International School of Image-Guided Interventions

## Membership application

I hereby declare my membership to the DAfMT with effect from: .....

surname: ..... first name: ..... male ☐ female ☐

title/degree: ..... date of birth: .....

**Residential address:**

street: ..... city: ..... postcode: .....

country: ..... e-mail: .....

telephone: ..... mobile phone: ..... fax: .....

**Business address:**

hospital/medical practise/office: .....

street: ..... city: ..... postcode: .....

country: ..... e-mail: .....

telephone: ..... mobile phone: ..... fax: .....

**Preferred mailing address:** ☐ residential address ☐ business address

Place, date: ..... Signature: .....

## Professional status

☐ Physician Medical field: .....

☐ Non-physician members/institution .....

## Membership fee

Please transfer the annual membership fee of 30,00 € to the following account of the Deutsche Akademie für Mikrotherapie and make sure your name and address are indicated:

Bank: ..... BIC: _ _ _ _ _ _ _ _ _ | _ _ _

IBAN: _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _

Place, date: ..... Signature: .....

**Please return this membership application by mail or fax:**
Deutsche Akademie für Mikrotherapie e.V. - International School of Image-Guided Interventions
Leipziger Str. 44, 39120 Magdeburg, Germany - Organisation: Annika Kral
info@dafmt.de • www.dafmt.com • Telefon: +49 (0)391 671 55 61 • Fax: +49 (0)391 671 33 83