



European Association of Geriatric Psychiatry

Application form for the membership of the EAGP

EAGP

(Katrin Krah)
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47805 Krefeld

In this application I apply for membership in the European association EAGP as

- Individual member (state-approved doctors, psychotherapists, members of cognate disciplines)
- National Psychiatric Association (juristic person)

Title: _____ Name: _____

Institution _____

Street: _____

Postcode: _____ Residence: _____

Tel: _____ Fax: _____

E-mail address: _____ Date of birth: _____

- Within the framework of my membership I empower the European association EAGP to collect the membership fee per direct debit
 - of 50€/year (individual member)
 - of 5€/year for each member of the association (National Psychiatric Association)

Depositor: _____ Bank: _____

IBAN: _____ BIC _____

Location, date: _____ Signature: _____

- I will pay the annual membership fee (50€/year individual member, 5€/year for each member of a national association) until the 28th February of the current year into the following account:

EAGP
Deutsche Apotheker und Aerztebank eG Düsseldorf
IBAN: DE 63 3006 0601 0002 7115 32
BIC: DAAEDED

Please send a fax to: 02151 / 3347901 or a scanned version of the document to kate.becker@alexianer.de

- 1) If you wish to terminate the membership please send a letter of dismissal to the EAGP president until the 30th September of the current year

Executive Secretariat: Kate Becker – kate.becker@alexianer.de