

INSTITUTE OF CLINICAL ECONOMICS e.V.

Membership Application

Starting from _____

| As an individual (natural person) | As an institution/organization/company (legal entity) |
|-----------------------------------|---|
| Surname: | Name: |
| First Name: | |
| Titel: | Represented by (title, first name, surname): |
| Street: | Street: |
| Zip code, city: | Zip code, city: |
| E-Mail: | E-Mail: |
| Phone: | Phone: |

- I/We apply for membership as an individual. The membership fee is 120,00 € per calendar year or
- We apply for membership as an organization (legal entity). The fee is 2.000,00 € per calendar year or
- I apply for free membership as a student. Proof of matriculation is attached.

The membership fee is paid by invoice

| |
|---|
| billing address (if different from member address) |
| Name: |
| Street: |
| Zip code, city: |

direct debit mandate

| |
|--|
| I hereby authorize the Institute of Clinical Economics, to collect the above-mentioned annual fee once a year from my account named below. Our creditor ID: |
| Depositor: |
| Bank: |
| IBAN: BIC: |

Place, date _____ Signature _____

Please send the completed and signed application form
by e-mail: mindset@clinical-economics.com or by post to: INSTITUTE OF CLINICAL ECONOMICS e. V.,
Schwarzenbergstr. 135, 89081 Ulm, Germany
Bank account: Volksbank Ulm-Biberach IBAN: 266309010017999974009 BIC: ULMVDE66

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