

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: 26630901000179974009 BIC: ULMVDE66