

Application for Endoscopic Spine Expert Group - ESEG - e.V.

Only legibly completed applications will be accepted. The signature must be made by hand.

Personal Information

Salutation		Academic title	
First name		Last Name	
Date of Birth		Subject Area	

	Contact details professional	Contact details private
Clinic / Practice / Company		
Department		
Street		
Postcode / town		
Country		
Phone		
E-Mail		

I have taken note of the statute. The membership fee is currently 85.90 EUR per year. This amount will be decided in the regular general meeting and communicated to the members. I willingly in the processing and Storage of my data for association purposes according to the statute. I declare my consent to participation on direct debit / SEPA direct debit.

Payment by direct debit authorization **(Please enter your account information!)**

Account Owner	
Banking Institution	
IBAN	
SWIFT (BIC):	

Date

Signature

Please send the completed and signed form scanned by e-mail to: info@eseg-spine.com