Membershipdeclaration

I, _____ (Name, Firstname) hereby apply for admission to the non profit organisation Doki's Advice e.V. I am aware that the organisation's board of directors will make the decision regarding my application.

My contact details:
Name, Firstname (if company, state authorized representative):

Address:

Date of Birth:

Ethnisc Origin:

Telefphone number:

E-Mail:

Are you a healthcare worker? O yes. O no.

I am applying for admission as a
☐ full member ☐ Supporting member
☐ honorary member ☐ active member

with an annual/monthly fee of EUR/KSH _____. The fee is due monthly on the 1st of the month.

If applicable: I am attaching appropriate proof of my employment in the healthcare sector to the application.

O *I have read and understood the attached data protection information.*

By signing this document, I acknowledge that the statutes and regulations of the organisation in their current version are binding on me. I have taken note of the current version of the statutes.

Ort / Datum Unterschrift

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Kontakdaten

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