



German Interdisciplinary  
Society for Vascular Anomalies  
Ernst-Grube-Straße 40  
06120 Halle (Saale), Germany

via E-Mail to: office@gisva.de

## APPLICATION FOR MEMBERSHIP

Natural persons with professional background

I hereby apply for membership as a natural person in the German Interdisciplinary Society for Vascular Anomalies.  
I declare my agreement with the statute.

- Physician (annual membership fee Euro 150)  
 Other medical group (annual membership fee Euro 50)

\_\_\_\_\_ Job description (optional)

|                  |          |              |
|------------------|----------|--------------|
| Title*           | Surname* | First Name*  |
| Street*          |          | Number*      |
| Town/City*       |          | Postal Code* |
| Country*         |          |              |
| Telephone Number |          |              |
| E-Mail*          |          |              |

\* Mandatory information

**Additional information**



|   |
|---|
| Current employment/Position (optional ) |
| Institution and department              |
|   |
|   |

The association cannot be held responsible for a member's contact details not being up-to-date.

Page 2 Membership

**Statement on the use of personal data by the German Interdisciplinary Society of Vascular Anomalies**

My personal data is required for the purpose of membership administration and will be used confidentially in accordance with the German DSGVO

- I furthermore consent to the publication of my personal data in public media. Published will be title, surname, first name, institution and location of the institution.

\_\_\_\_\_

Place, date Signature

- I take part in the direct debiting service. My direct debit order can be cancelled at any time.

I hereby authorize the German Interdisciplinary Society of Vascular Anomalies to retract my annual membership fee from my account in the amount that was determined for persons of my profession:

|                |  |
|----------------|--|
| Account holder |  |
| Bank           |  |
| IBAN           |  |
| BIC            |  |

\_\_\_\_\_

Place, date Signature

Please fill in the application form completely and send a **signed** copy to [office@gisva.de](mailto:office@gisva.de) via E-Mail.