

German Public Health Association e.V.
c/o Hemmoorer Pflege GmbH
Otto-Peschel-Str. 22
21745 Hemmoor (Germany)

or by mail to: office@dgph.info

Membership application

I hereby apply for membership in the German Public Health Association as a

☐ Person ☐ Institution/specialist society. (Please justify membership request on page 2)

Title | First name | Last Name

Date of birth

Profession

Students, please indicate their field of study here

Address

private

professional

Street | Number

Institution | Department

Postal Code | City

Street | Number

E-mail address

Postal Code | Number

Direct debit authorization

I hereby authorize the German Public Health Association to debit the membership fee to be paid by me annually from my account designated below when due. If my account does not have the required coverage, the account-holding credit institution is not obligated to honor the payment.

Your Bank Account

First and last name of the member

Name of the account-holding bank

Account holder

BIC

IBAN

Mandate reference (to be filled in by the recipient)

DE28ZZZ00001999508

Date | Signature

Creditor identification number

Please turn

Please describe here the relation of your occupation or engagement in public health:

I am interested in participating in the following sections or working groups:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Digital Public Health | <input type="checkbox"/> Research | <input type="checkbox"/> Health and Work | <input type="checkbox"/> Health Promotion and Prevention |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Education | <input type="checkbox"/> Public Health Science and Practice | <input type="checkbox"/> Public Mental Health |
| <input type="checkbox"/> Public Health Ethics | <input type="checkbox"/> Public Health Nursing | <input type="checkbox"/> Students | |

- ☐ I agree that my data will be managed in a membership administration application on a server in Germany and used only for statutory purposes. These are in particular the membership administration, the collection of contributions and the communication with each other. Furthermore, the e-mail address I have provided will be entered into mailing lists on a server in Germany, which facilitate the sending of the DGPB Newsletter as well as the exchange within and between the departments/working groups in which you participate. You can unsubscribe from these lists at any time by sending an e-mail to our office (office@dgph.info).

Date

Signature of the applicant

For Institutions/Specialist societies: Please justify your wish for membership here.

----- [subsequently only to be filled out by the DGPB office!] -----

Admission decision by the board

Date

Signature