

Application for membership

I hereby apply for membership as a member in the
Working Group Plastics and Sustainability in Dermatology (DDG)

Name and first name, title

Birth date

Address

Occupational group (for doctors: please specify your medical speciality)

Clinic/practice/institution

Email address

Phone

With this application for membership, I declare that I agree to the contents of the working group. I agree to the storage of my data for the membership register and my name and my professional group / subject area being mentioned on the homepage of the working group. My membership is free. I can revoke it at any time.

I would like to receive a newsletter by email in order to be informed about the activities of the working group.

I would like to be included in the WhatsApp newsletter group in order to be informed promptly about the activities of the working group. My data will not be disclosed to third parties.

My cell phone number is:

Place, date, signature

Please fill out the membership application completely and send it by email to: **office@akdermaplastik.de**