

DGPH Office
c/o PD Dr. Dr. Burkhard Gusy
Freie Universität Berlin (Department of Education and Psychology)
Habelschwerdter Allee 45
14195 Berlin (Germany)

or by mail to: geschaeftsstelle@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 Service | <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 (geschaefsstelle@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