

**PH - SELBSTHILFE e. V.
PH EU PATIENT ADVOCACY GROUP**

Kerpener Str. 62, 50924 Cologne, Germany



Application for membership

Name:

First name:

Address:

Telephone:

Fax:

Email:

1. Single member: 35.00 Euro/year

2. Spouse/family membership: 50.00 Euro/year

2 a. other family members:

I would like to become a member of the association PH-Selbsthilfe e. V. / EU PH patients advocacy group and support the association in its statutory activities and tasks.

Signature

Direct debit authorization

I hereby authorize the association PH-Sebsthilfe e. V. / EU PH patients advocacy group to debit the indicated amount from my account until revoked.

Account number:

Bank code:

IBAN:

Alternative account holder:

Financial institution:

Date/ Signature