

Deutsche Gesellschaft für Allgemein und Viszeralchirurgie e. V.

Application for Admission



Please fill out the form on the computer
 - illegible application forms often lead to subsequent corrections -

Herewith I apply for the admission as a full member.

- am visceral surgeon in the sense of continuing education right
- I work as a general surgeon with focus on visceral surgery
- I am in further qualification with focus on surgery
- I am in further qualification with focus on visceral surgery
- I am a member of an allied discipline
- Which one?:
- I am a member of "Deutsche Gesellschaft für Chirurgie" (DGCH)

Acadam. title:	Date of birth:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Surname:	First name:		
Position: student (noncontributory) <input type="checkbox"/>			
Annual contribution	Assistant physician (60 €) <input type="checkbox"/>	Senior physician (90€) <input type="checkbox"/>	Medical director (120 €) <input type="checkbox"/>
	Medical practice-assistant (60 €) <input type="checkbox"/>		Medical practice holder (120 €) <input type="checkbox"/>
Address (occupational)			
Hospital/practice:			
Department:			
Street:			
Zip, Town, country:			
e-mail address:			
Fon:		Fax:	
Address (private)			
Street:			
Zip, Town, country:			
e-mail address:			
Fon:		Fax:	
Mailing or emails I wish to get by		my occupational address <input type="checkbox"/>	private address <input type="checkbox"/>

Please note the second page!

Surname, first name:

Professional career

The DGAV e. V. processes your data within the framework of the applicable data protection law, in particular to fulfill the purpose of the association. This includes, among other things, the review of your application, the administration of your membership and the sending of circulars on developments in general and visceral surgery, also by e-mail. DGAV e. V. is supported in this by its subsidiary, DGAV GmbH, with certain services (such as EDP administration or certifications). Your data will be processed, as necessary, by both societies, for which both societies are jointly responsible. You can find comprehensive information on data protection at DGAV on the following website: www.dgav.de/start/datenschutz/datenschutz-mitglieder.html.

In addition, you may consent to your data also being used by DGAV to send you information and offers for paid services from DGAV or third parties in the field of general and visceral surgery (in particular regarding events, certifications or specialist literature) by e-mail. Data will not be transmitted to third parties for these purposes. This consent is independent of the admission to the DGAV e. V. and can be revoked at any time.

Yes, I would like to receive relevant information and offers by e-mail.

No, I do not want to receive corresponding offers by e-mail.

By submitting this application for membership, I declare that I agree with the statutes of the DGAV, which I have read at www.dgav.de.



I enclose the SEPA direct debit mandate form (direct debit authorization)
To be found at: www.dgav.de/sepa Please send us the original of this form by mail to the address below.

.....
Town

.....
Date

.....
Signature

Please send this application for admission with attachments to:

DGAV e. V.
Mitgliederverwaltung
Haus der Bundespressekonferenz
Schiffbauerdamm 40
Mieteinheit 3.200
10117 Berlin

Fon: +49 30 2345 8656 20
Fax: +49 30 2345 8656 25
Email: info@dgav.de