Application request/new entry						
I hereby apply for membership at the Association of Hospital Technology (FKT) e.V.						
as s	soon as possible					
Applicant Salutation/Title _ Do)В	_		
Su	Surname _ Fo			rename	-	
	Billing address Company/Name					
Str	Street/Postcode/Place _					
Tel	Telephone/Fax/Email _					
Postal address Forename and Surname						
Street/Postcode/Place						
Telephone/Fax/Email						
Vocational group/service position:						
	Operating technology Gecurity technology Medical technology Biomedicine					
	Environment/Hygiene Technical manager Other					
Member type: (Please tick the correct member type)						
	 Full member (Senior staff from technical departments in hospitals and similar facilities) 			€/year	132.00	
	retired			€/year	58.30	
	Dual membership□ FBMT □ \	WGKT		€/year	102.30	
	Associate member (Individuals from authorities, associations, clubs)		€/year	66.00		
	Students (Enclose certificate of registration)			€/year	0.00	
	Promotional Member (The nat. person and entity, who therefore must			€/year	440.00	
For collective membership of up to 9 members respectively			€/year	220.00		
			€/year	176.00		
	Admission fee(One-off for collective members)€/year50.00					
	Application for collective membership:					
-						

The following FKT members are also employed by my employer/company:

My accession is made on the recommendation of number)

Association of Hospital Technology e. V.

(First name and surname, membership

FKT

The knowledge of the data protection (next page) is necessary for the registration of a membership.

Send application to

fkt@fkt.de

PLEASE RETURN TO: fkt@fkt.de

ASSOCIATION OF HOSPITAL TECHNOLOGY

e.V Hermann-Löns-Str. 31 53919 Weilerswist

Payment

- Payment after receipt of invoice to the specified account
- Direct Debit (to be able to collect direct debits using the SEPA procedure, you will be given a mandate that you should check, sign and return.)

<u>Delivery</u>

by post

by email (Email address)

Account holder:

IBAN:

BlC:

Bank:

Place, date, (signature direct debit)

For the admission of a membership the knowledge of data protection is necessary.

Notes on data protection

I) I agree that my contact details (title, first and last name, employer's address with name, street, postcode and town) as well as the indicated private address with email address will be forwarded to the regional group leader who is responsible for me.

Yes 🗆

no 🗆

II) I agree that my entry into the FKT with name, postal code and establishment will be published in the member news.

Yes 🗆

no 🗆

III) I agree that my contact details (title, first and last name, employer's address with name, street, postcode and town) as well as the indicated private address with email address will be forwarded to sponsoring members and during events and fairs to the participants of the event or exhibitors.

Yes 🗆

no 🗆

Place, date, (signature direct debit)