Association of Hospital Technology e. V.

Application request/new entry

I hereby apply for membership at the Association of Hospital Technology (FKT) e.V. as soon as possible



Address:		Contact:		Send application to		
Date, (signature of ne	ew member)		(name in block letters)			
The knowledge of the	data protect	ion (next page) is necessary for the	e registration of a membershi	р.		
My accession is made on the recommendation of number)		recommendation of	(First nar	(First name and surname, membership		
The following FKT me	embers are a	Iso employed by my employer/com	pany:			
□ Application for		•				
(One-off for collective members)			€ /year	50.00		
For collect Admission fee	cive memb	pership of up to 9 members re	espectively €/year	160.00		
Association) For collective membership of up to 8 member			€/year espectively	200.00		
Promotional Member (The nat. person and entity, who therefore must be represented by a nat. person, who promotes the professional standard of			€/year	400.00		
□ Students (Enclose certificate	of registration)	€ /year	0.00		
Associate member (Individuals from authorities, associations, clubs)			€ /year	60.00		
Dual membership□ FBMT □ WGKT			€ /year	93.00		
retired			€/year	53.00		
☐ Full member (Senior staff from technical departments in hospitals and similar facilities)			€/year	120.00		
(Please tick the correct r	nember type)					
Environment/Hygie Member tvpe:	ne	-				
		chnology I Technical manager 🛭 Oth	ner			
Vocational group/s ☐ Operating techi	-	ion: ⊟ Security technology⊡ Medio	cal 🗆 Bio	medicine		
·	_					
Telephone/Fax/E	_					
Street/Postcode/l					-	
Postal address Forename and S	urnama					
Telephone/Fax/E	mail _					
Street/Postcode/	Place _					
Billing address Company/Name	_					
Surname _			Forename	-		
Applicant Salutation/ Title			DOB	DOB _		
Applicant						

Address: Office Hermann-Löns-Str. 31 53919 Weilerswist Germany Contact: Tel: +49 2254 8347 880 Fax: +49 2254 8347 888 www.fkt.de Email: fkt@fkt.de

 $\underline{buchhaltung@fkt.de}$

PLEASE RETURN TO: buchhaltung@fkt.de

ASSOCIATION OF HOSPITAL TECHNOLOGY e.V

Hermann-Löns-Str. 31 53919 Weilerswist

Pa	<u>vment</u>	
	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.)	
De	livery	
	by post	
	by email (Email address)_	
Acc	ount holder: _	
IB/	N: _ BIC: _	
Bar	k: _	
Plac	e, date, (signature direct debit)	
For	the admission of a membership the knowledge of data protection is necessary.	
No	es on data protection	
tov	agree that my contact details (title, first and last name, employer's address with name, street, postcode a n) as well as the indicated private address with email address will be forwarded to the regional group ler who is responsible for me.	nd
	Yes \square no \square	
	agree that my entry into the FKT with name, postal code and establishment will be published in member news.	
	Yes \square no \square	
tov	I agree that my contact details (title, first and last name, employer's address with name, street, postcode n) as well as the indicated private address with email address will be forwarded to sponsoring members and events and fairs to the participants of the event or exhibitors.	
	Yes □ no □	
Plac	e, date, (signature direct debit)	