

To the office of KetoMed
Internationale Fachgesellschaft für kohlenhydratreduzierte
und ketogene Ernährungsformen
Patschkauer Weg 38
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Application for membership

from

First name and name : _____
Title/education/
subject of study : _____
Subject : _____
Year and location of degree : _____
Address : _____
Country : _____
Mail-address : _____
Website if applicable : _____
Phone (during the day): _____
Birthplace und birthdate : _____

I apply for (please check)

ordinary membership: 80 € per year

(Prerequisite: completed professional training in the field of
medicine/biology/nutrition or related subjects)

reduced membership: 40 € per year

(Prerequisite: in training in the field of medicine/biology/nutrition,
please scan and mail proof of education)

By signing this form, you confirm that you have read and understood the statutes and the privacy
policy and to accept them.

Place and date

Signature

After a positive decision on your application you will receive an invoice and our
bank details. The membership fee is then due and to be paid within 14 days to the
named account within 14 days. It is valid for the current calendar year.

As a member you commit yourself to the punctual payment of the annual membership fee in
the amount decided by the general meeting. The board of directors can
exclude a member if he or she is in arrears despite a written reminder with a
an appropriate period of grace. The payment obligation for outstanding
membership fees remains unaffected.