



To the office of KetoMed
International Society for Low-Carb and Ketogenic Diets
office@ketomed.de

Membership application

Name und Surname: _____

Title/education/subject: _____

Area of expertise: _____

Year and place of graduation: _____

Address: _____

Country: _____

Email address / Website: _____

Phone: _____

Date and place of birth: _____

I am applying for (**please select**)

___ regular membership: 80 € per year
(Prerequisite: completed vocational training in the field of medicine/biology/nutrition or related subjects; please **scan and email your certificate of completion** to office@ketomed.de)

___ reduced membership: 40 € per year
(Prerequisite: in training in the field of medicine/biology/nutrition; please **scan and email proof of training**)

___ private supporting membership: 80 € per year

By signing, you confirm that you have read and understood the Articles of Association and the Privacy Policy and that you 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 must be paid into the specified account within 14 days. It is valid for the current calendar year.

As a member, you undertake to pay the annual membership fee punctually in the amount decided by the General Meeting. The Executive Board can exclude a member if they are in arrears despite a written reminder setting a reasonable grace period. The obligation to pay outstanding membership fees remains unaffected.