



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

Application for corporate sponsoring membership

Name of the company: _____

Reference to LC/ketogenic nutrition: _____

Address: _____

Country: _____

E-mail address/Website : _____

Contact person (Name _____

and E-mail address): _____

Membership fee depends on company size (number of employees):

Number of company employees	<5	<10	<50	<100	<500	<1000	>1000
Fee in Euro	250	500	750	1.000	2.000	3.000	4.000
Please select							

With your signature you confirm that you have read and understood the statutes and data protection guidelines and that you fully accept them.

I agree / do not agree to the publication of my company on the KetoMed website (please delete as appropriate).

If you would like your company to be featured on www.ketomed.de, please send us your company logo and website link with this application per e-mail.

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.