



# European Association of Geriatric Psychiatry

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## **Application form for the membership of the EAGP**

In this application I apply for membership in the European association EAGP as

- Individual member (state-approved doctors, psychotherapists, members of cognate disciplines)
- National Psychiatric Association (juristic person)

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Institution \_\_\_\_\_

Street: \_\_\_\_\_

Postcode: \_\_\_\_\_ Residence: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Within the framework of my membership I empower the European association EAGP to collect the membership fee per direct debit
- of 50€/year (individual member)
  - of 5€/year for each member of the association (National Psychiatric Association)

Depositor: \_\_\_\_\_ Bank: \_\_\_\_\_

IBAN: \_\_\_\_\_ BIC \_\_\_\_\_

Location, date: \_\_\_\_\_ Signature: \_\_\_\_\_

- I will pay the annual membership fee (50€/year individual member, 5€/year for each member of a national association) until the 28<sup>th</sup> February of the current year into the following account:

EAGP  
Deutsche Apotheker und Aerztebank eG Düsseldorf  
IBAN: DE 63 3006 0601 0002 7115 32  
BIC: DAAEDEDXXX

**Please send a scanned version of the document to [info@eagp.com](mailto:info@eagp.com)**

- 1) If you wish to terminate the membership please send a letter of dismissal to the EAGP president until the 30<sup>th</sup> September of the current year