



# European Association of Geriatric Psychiatry

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## Application form for the membership of the EAGP

### **EAGP**

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47805 Krefeld

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

- Individual member (state-approved doctors, psychotherapist, 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: DAAEDED

**Please send a fax to: 02151 / 3347901 or a scanned version of the document to [n.cujai@alexianer.de](mailto:n.cujai@alexianer.de)**

- 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

Executive Secretariat: Nadine Cujai – [n.cujai@alexianer.de](mailto:n.cujai@alexianer.de)