

**International
Physicians-Association
for Biocybernetic Medicine**

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Declaration of accession

name: _____

first name: _____

title: _____ date of birth: _____

postalnumber, town/village: _____

street: _____

country: _____

phone: _____ fax: _____

E-mail: _____

field of work: _____

main point of therapy: _____

Please make a cross where it is correct:

I transfer the annual fee for members, at present **140 €** to the bank of the association until the 31st of march every year; **account holder:** Internationale Ärztgesellschaft. für biokybernetische Medizin
bank name: Sparkasse Detmold **Account Nr.:** 91 002592 (German BLZ 476 501 30)
IBAN: DE8347650130 0091002592 **SWIFT or BIC:** WELADE3LXXX

I want to be an extraordinary member and I transfer _____ €to the account as above every year until the 31st of march, I need a voucher for the tax office not later than the end of calendar-year.

I authorize the association, to collect the annual fee for ordinary members, respectively my gift about _____ €as an extraordinary member, from my account, when it is mature,

name of bank: _____

number of bank/SWIFT or BIC: _____

number of my account: _____

IBAN: _____

name, first name of account holder, if different from above:

place of residence: _____

town/village: _____ date: _____ signature: _____