European College of Gerodontology

ECG Membership Application

I hereby apply for membership with the European College of Gerodontology (ECG). I confirm that I have paid the membership fee as outlined on the website (http://gerodontology.eu/membership.php) and understand that my membership is provisional until formal approval at the next General Assembly.
I acknowledge that if payment is made by June 1st of the year, membership applies to the current calendar year, and payments made thereafter apply to the following year.
By signing below, I consent to being contacted via email by the ECG in accordance with EU GDPR (General Data Protection Regulation) guidelines.

Date and Place: _____ Signature: _____

Title, First Name, LAST _____

NAME: Position: _____

City, Country: _____

E-Mail: _____

Year of Birth: _____

Please tell us in a few words (max. 100) your motivation to apply for membership and attach a short CV.

Please complete and return this form to Professor Martin Schimmel (membership@gerodontology.eu) and Professor Greta Barbe (secretary@gerodontology.eu)

European College of Gerodontology

European College of Gerodontology, c/o University of Bern, School of Dental Medicine
Att. Prof. Martin Schimmel, Freiburgstrasse 7, 3010 Bern (Switzerland), http://gerodontology.eu/
A Swiss Association according to the Swiss Civil Code Art. 60ff