



APPLICATION FOR INDIVIDUAL MEMBERSHIP

I am applying for membership of the Gerhard Küntscher Society. (Please use international letters only)

First name Last name

Academic Title Date of birth (dd-mm-yyyy)

Position

Full business address Name of Hospital / Firm

Department Street

Zip-Code Town Country

Phone E-mail

Full home address Street

Zip-Code Town Country

Phone E-mail

I am informed that I have to pay the annual dues of € (EUR) \$ (USD).

[If possible, please use PayPal - see our Website.](#)

Date (dd-mm-yyyy) Signature _____

[Please print, sign and send the form to one of the two sponsors of your choice by post.](#)

The saved PDF file has to be send via email to our office: mail@dasenbrook.de

Return to: Prof. Dr. med. Georg Gradl, Secretary of the Küntscher Society, Department of Traumatology and Reconstructive Surgery
University Hospital Rostock, Schillingallee 35, D-18055 Rostock

Commerzbank Kiel, Gerhard-Küntscher-Soc.,
Account N°: 0117288800, Bankleitzahl: 210 800 50, IBAN: DE04 2108 0050 0117 2888 00, BIC: DRESDEFF210



DECLARATION OF SPONSORSHIP

1. I am member of the Gerhard Küntscher Society and act as a sponsor for the admission of

Title, Name, First Name of the Applicant:

to the Gerhard Küntscher Society.

Title, Name, First Name of the Sponsor:

Place, Date, Signature:

2. I am member of the Gerhard Küntscher Society and act as a sponsor for the admission of

Title, Name, First Name of the Applicant:

to the Gerhard Küntscher Society.

Title, Name, First Name of the Sponsor:

Place, Date, Signature:

Declarations of the sponsorship can be made in separate letters.

The annual membership dues for individual members are €uro 80,00 (Residents: 40,00 The invoice will be issued by the Treasurer.

Members in retirement do not have to pay the membership dues upon notice.

The membership dues for corporate members are 1000,00 Euro annually.

Payment can be made by credit card (PayPal), direct bank transfer or cash on Annual GKS Congress.

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