

# Membership EUBREAST: Application Form (Page 1)

## (Legal Entity /Institution)



**We hereby apply as a legal entity or institution to be registered as a Member of EUBREAST. Our institution is represented for EUBREAST by the following natural person:**

Name of the legal entity / institution .....

**Represented by:** Form of address (Ms / Mr) .....

Title / Academic Degree: .....

First Name: .....

Family Name: .....

Date of Birth: .....

### Address of the legal entity / institution:

Street, House No.: .....

City, Area Code: ..... Country: .....

E-Mail: ..... Telephone: ..... Fax: .....

### Home address of the Representative

Street, House No.: .....

City, Area Code: ..... Country: .....

E-Mail: ..... Telephone: ..... Fax: .....

### Membership fee

**If registered as a member of EUBREAST we will acknowledge the annual membership fee of 500,- EUR for legal entities / institutions and transfer it actively or give EUBREAST the permission to collect the fee from our bank account.** (Please also fill in the second page of this form sheet and send it to us)

### Conflicts of interest

**As a representative of the institution named above, I will declare any conflict of interest associated with my/our activity at EUBREAST. If any conflict of interest should occur in the future I will inform EUBREAST. If in doubt, please contact [info@eubreast.com](mailto:info@eubreast.com)**

- There are no conflicts of interest from my side or from the side of the institution I represent.**  
 **Possible hindering involvements / conflicts of interest:**

.....  
.....

### Declaration of Confidentiality

**I declare that the institution I represent and I will keep any kind of critical information resulting from my membership at EUBREAST confidential until officially published by EUBREAST. This applies especially to information concerning trials in progress. If in doubt about questions of confidentiality, I will contact EUBREAST's Executive Board via [info@eubreast.com](mailto:info@eubreast.com).**

### Publication of Name and Institution

**I agree /**  **I do NOT agree**  
**that my name and the name of the institution I represent are published on the EUBREAST website as a member.**

City, Date: ..... Full personal Signature: .....

When submitting your application please make sure you have attached the completed form „Membership Fee“  
The regulations concerning data protection listed on the EUBREAST website also apply to this document.

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## Mode of Payment of the Membership Fee



**If registered as a member of EUBREAST I/we will acknowledge the membership fee of 50,- EUR (natural person) resp. 500,- EUR (legal entity/institution) and give EUBREAST the permission to collect the amount directly from my/our bank account or transfer the fee actively**

Name of member (natural persons or legal entity/institution):

.....

### Please mark your preference

#### Authorization to collect the membership fee which is due yearly on April 1st.

Yes

Name of Bank: .....

IBAN: ..... BIC: .....

Please sign this debit authorization personally: .....

**No, I will actively transfer the fee every year to the following account:  
I will transfer the membership fee yearly on April 1st.**

#### Transfers from Germany via AGO-B Breast Study Group e.V.

AGO-B / EUBREAST

IBAN: DE 06200700240385800800

BIC DEUTDEDBHAM

Reference: EUBREAST Membership Fee

**If you wish to receive a donation certificate for your transfer from Germany, please also fill in your complete address.**

#### Transfers from all other countries:

EUBREAST

Raiffeisenbank Eningen-Hochsträß eG

IBAN: DE 6006 9346 0550 8840 09

BIC: GENODES1REH

Reference: EUBREAST Membership Fee

Please sign here: .....

City, Date: ..... Full personal Signature: .....

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