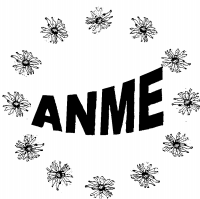


Membership application



Association of Natural Medicine in Europe e.V.
Waldstr. 14, D- 61137 Schoeneck

FAX 0049- 6187- 9928074

Surname _____ First name _____

Organisation/Manufacturer/Occupation _____

Contactperson _____ Direct phone no. _____

Address _____

Postcode/town _____ Country _____

Daytime phone no _____ Telefax _____

e-Mail _____ Homepage _____

Annual membership fee

Association/ Organisation/Manufacturer	€ 250,-	<input type="checkbox"/>
Individual	€ 24,-	<input type="checkbox"/>
Voluntary promotion	€	<input type="checkbox"/>

_____ Date

_____ Signature

PLEASE PAY YOUR ANNUAL FEE BY REMITTANCE TO:

Association of Natural Medicine in Europe – ANME e.V.

(For cases of security please contact the anme-office by E-Mail (info@anme.info) for the bank account, thank you very much)

Membership for 20....

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Your Name