

## Membership application



### Association of Natural Medicine in Europe e.V.

Waldstrasse 21, D-61137 Schoeneck

**FAX 0049-6187-9928074**

Surname \_\_\_\_\_ First name \_\_\_\_\_

Organisation/Manufacturer/Occupation \_\_\_\_\_

Contact person \_\_\_\_\_ Direct phone no. \_\_\_\_\_

Address \_\_\_\_\_

Postcode/town \_\_\_\_\_ Country \_\_\_\_\_

Daytime phone no \_\_\_\_\_ Telefax \_\_\_\_\_

e-Mail \_\_\_\_\_ Homepage \_\_\_\_\_

#### **Annual membership fee**

Association / Organisation/Manufacturer  
Education Institute  
Individual

€ 500,-  
€ 250,-  
€ 36,-

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Date

Signature

**PLEASE PAY YOUR ANNUAL FEE BY REMITTANCE TO:**

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

You will receive the bank account after sending this application to us