

# Application for Institutional Membership

**Institution:** \_\_\_\_\_

Street and Number: \_\_\_\_\_

City: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

## **First Member (responsible for further institutional members) – 90 €**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Function in the Institution: \_\_\_\_\_

## **Further Members**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Physician (55 €)

Nurse/Technician/Other (35 €)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Physician (55 €)

Nurse/Technician/Other (35 €)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Physician (55 €)

Nurse/Technician/Other (35 €)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Physician (55 €)

Nurse/Technician/Other (35 €)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Physician (55 €)

Nurse/Technician/Other (35 €)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Physician (55 €)

Nurse/Technician/Other (35 €)

**Date:** \_\_\_\_\_

**Signature:**

Please submit the filled-out form to [gerda.leitner@roteskreuz.at](mailto:gerda.leitner@roteskreuz.at).