

Internationale Gesellschaft der Mayr-Ärzte Stoderplatzl 64, A-8962 Gröbming Tel: ++43(0)664 9228294 office@fxmayr.com

Membership

I hereby declare my membership to the International society of Mayr doctors:

Name:		 	
Surname:		 	
Adress:		 	
Medical Spezialisation:		 	
Member *	Member in Education		

Education

Date an year	Type of course (A, B, C)	Teacher

The membership fee is actually \in 90, -- per year. There is no pro rata amount if you are declare during the current year.

Reduced Fare *:

50, 00

* Students, Retiree, Maternity leave...

The statement of delegation has to be addressed to the president of the society latest 31_{st} of December of the current year.

Date: _____

Signature: _____

Internationale Gesellschaft der Mayr-Ärzte, Stoderplatzl 64, A-8962 Gröbming, Tel. 0043(0)664-922 82 94, <u>office@fxmayr.com</u> http://www.fxmayr.com