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Deutsche Gesellschaft für Aligner Orthodontie e.V.
- Geschäftsstelle -
Siegfried Sonnenberg
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Deutschland

Headquarters

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APPLICATION FORM

I herewith apply for admission to the German Association for Aligner Orthodontics e.V. (DGAO) as

- Regular Membership (Only for Specialists in Orthodontics. Documentary evidence required)
- Postgraduate Orthodontical Education until presumably: _____ (Documentary evidence required)
- Sustaining Membership Annual contribution € 200,00 Annual contribution € _____

The board decides about the membership acceptance.

Mr Mrs

Title: _____ Surname: _____ First name: _____

Date of birth: _____ Year of approbation: _____

Profession: Specialists in Orthodontics Dentist (Main focus Orthodontics) Dentist Company

ANSCHRIFT

Practice/Company: _____

Street: _____ Postal Code: _____ City: _____

Country: _____

Telephone: _____ Fax: _____

E-Mail: _____ Internet: _____

Date: _____ Signature, Stamp: _____

- I agree to the publication of my practice/company details on the website www.dgao.com.
- I agree to receive newsletters from the DGAO e.V.

SEPA DIRECT DEBIT MANDATE

Creditor identifier: DE85ZZZ00001015193

By signing this mandate form, you authorise the German Association for Aligner Orthodontics e.V. (DGAO) to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the German Association for Aligner Orthodontics e.V. (DGAO).

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Name of debtor: _____

Financial institution: _____

Swift BIC: _____ Account number-IBAN: _____

Location, date: _____ Signature: _____

The mandate reference will be communicated separately.

Abstract of the Statute of the German Association for Aligner Orthodontics e.V. (DGAO)

§ 4 Acquisition of Membership

1. Every orthodontist or postgraduate orthodontic student can become a member as long as he/she is willing to collaborate on the duties of the society. To become a member a postgraduate dentist education or equivalent education is required. Membership applications are to be addressed to the board members in writing. Admission is to be approved by the board members unanimous and with free discretion. The declination of an application does not need any statement of reason.
2. A sustaining member may be any adult or legal person who desires to support the Association and its endeavours financially. The Steering Committee shall make a unanimous decision concerning the written application.

§ 6 Rights and Duties of the Members

1. All members have the right to call on the services of the society.
2. All members have the right to take part at the general meetings of the society.
3. Entitled to vote and eligible are only the members according to § 4.1.
4. The membership fee is to be paid by power of withdrawal on January 1st of each year.
5. All members are obliged to protect the interests of the society.

§ 10 Subscription

A membership fee is to be paid. The amount of the annual membership fee is subject to the decision of the board members. Honorary members and corresponding members are excluded from the membership fee.

Membership Fees at Present Times:

Annual Fee

Regular Membership	€ 200,00
Postgraduate Orthodontical Education (max. 3 years after application)	€ 100,00
Sustaining Membership	from € 200,00
Honorary Members and Corresponding Members	without membership fees

Last updated: March 2017