



EUROPEAN ASSOCIATION OF DENTAL PUBLIC HEALTH e.V.

Membership Renewal Form

EADPH e.V., Prof. Dr. K. Pieper Georg-Voigt-Str. 3, D-35033 Marburg

Please note any changes of your personal data below:

Name, address, phone, fax, e-mail details:

First Name:	Family Name:	Title:
Qualifications:		Job Title:
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The membership fee of **Euro 75** covers your membership from January 2007 until December 2007. Members will receive the journal *Community Dental Health* (4 issues per year) and are entitled to a reduced registration fee at the EADPH Congress.

Payment can be made in **Euro (€)** either by banktransfer:

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Bank Name: Commerzbank Marburg / BLZ: 533 400 24 / Konto Nr.: 393917000
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or by credit card:

Credit card details: Visa Mastercard Amount: € 75.00

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Expiry Date:

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 Signature

This form should be returned by to:
 Prof. Dr. Klaus Pieper, Treasurer of EADPH
 Dental School of the Philipps-University Marburg
 Department of Paediatric Dentistry, Georg-Voigt-Str. 3, 35033 Marburg, GERMANY
 Fax: +49 6421 286 6691

HONORARY TREASURER
 Prof. Dr. K. Pieper Phone: 0049/6421-286 6690
 Georg-Voigt-Str. 3 Fax: 0049/6421-286 6691
 D- 35033 Marburg E-mail: pieper@med.uni-marburg.de