



international bowel
ULTRASOUND GROUP

International Bowel Ultrasound Group e.V.

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MEMBERSHIP APPLICATION FORM

Last and first name _____

Date of birth (DD/MM/YYYY) _____

Institution _____

Profession/Specialty _____

Address _____

ZIP-Code / City _____

E-mail _____

Phone / Fax number (incl. country dialing code) _____

Preferred payment method: Paypal International wire transfer (invoice)

I acknowledge herewith the valid statutes of the association International Bowel Ultrasound Group e.V..

I agree herewith that my personal data will be processed electronically for the declaration of membership and used exclusively for intern purposes of the association.

City / Date of membership (DD/MM/YYYY)

Signature / Seal

Once we have received your application, you will fully access to the member's area, receive the invoice for the membership fee payment of € 50 yearly.

As soon the membership fee transfer is proceeded, you will receive a Certificate of Membership from the IBUS Group.