



Registration

YES, I would like to become a member of the European Professional Association of Sound Massage Therapy. I know that the current annual membership fee is € 49 and that I can cancel my membership by written notice until 30.09. at the end of the year. You can become a member from the training seminar "Peter Hess®-Klangmassage I".

Personal Data:

First Name, Last Name, address and country

Phone / Fax

E-Mail / Homepage

Profession

Date of birth

I agree to the publication of my name as part of the membership list on the website of the Europäischer Fachverband Klang-Massage-Therapie e.V. (European association of sound massage therapy). Yes No

I agree to the publication of my personal experience accounts. Yes No

I would like to order the membership stamp at the one-off cost price of Euro 5,- (if you do, please transfer the additional Euro 5,- with your first membership fee payment). Yes No

Please indicate the *Peter Hess*-sound massage seminars that you have taken so far:

Sound massage I	year:	<input type="text"/>	in (location):	<input type="text"/>	Instructor:	<input type="text"/>
Sound massage II	year:	<input type="text"/>	in (location):	<input type="text"/>	Instructor:	<input type="text"/>
Sound massage III+IV	year:	<input type="text"/>	in (location):	<input type="text"/>	Instructor:	<input type="text"/>
Intensive training	year:	<input type="text"/>	in (location):	<input type="text"/>	Instructor:	<input type="text"/>

With this application form I hereby file for membership with the Europäischer Fachverband Klang-Massage-Therapie e.V. (European association of sound massage therapy) whose statutes I have read.

Place, date, signature:



Direct Debit Mandate

I hereby authorize the European Association of Sound Massage Therapy, Ortheide 29, D-27305 Bruchhausen-Vilsen, for payments from my / our account by direct debit authorization. At the same time, I instruct my credit institution to encash the direct debits drawn by the payment recipient on my account. This mandate is valid until canceled.

Account owner: _____

Bank: _____

IBAN: _____

BIC/SWIFT: _____

Place, date, signature: _____

Please send your registration by mail, fax or scanned email to:

Europäischer Fachverband Klang-Massage-Therapie e.V.
Ortheide 29, D-27305 Bruchhausen-Vilsen, Germany
Tel.: 0049-(0)4252-9389140, Fax: 0049-(0)4252-9389145
Email: info@fachverband-klang.de
Homepage: www.fachverband-klang.de

Bank details:

Kreissparkasse Syke
IBAN: DE43 2915 1700 1510 0410 21, BIC: BRLADE21SYK