

MEMBERSHIP FORM HPCM

Health Professionals for Cellular Medicine

– Valid as of February 2023 –

Please use block letters!

Personal details:

Name

first name

Street, house number

Postal code, town

Country

Phone

email*

*Please provide us with an email address where we can reliably reach you, so that we can always inform you about further online educational offers and the latest results of micronutrient research.

Membership requires the presentation of appropriate proof of training and activity as a therapist.

The membership is free of charge and can be terminated by me at any time without giving reasons. Cancellations have to be made in written form.

I have taken note of the guidelines and accept the membership conditions specified therein.

Details concerning your profession:

Full-time practice

part-time

not/no longer active

The main focuses of my practice are:

Please transfer fees that I receive according to guidelines for my consulting work to the following account:

Bank

Code

Account number

IBAN

BIC

Place, date

Signature

Please note that only fully completed applications can be dealt with. Please kindly inform us immediately of any relevant changes concerning your personal data. For your personal papers please keep a copy of this application.

