



Gesellschaft für Tropenpädiatrie &
Internationale Kindergesundheit e.V.
Geschäftsstelle c/o St. Vinzenz-Hospital
z. Hd. Fr. Andrea Jütte / Pädiatrie
Dr. Otto-Seidel-Straße 31-33
46535 Dinslaken

Membership application

I am herewith applying to become a member of the German Society of Tropical Paediatrics and International Child Health (GTP) e. V..

Surname _____

Name _____

Date of Birth _____

Job Titel and Position _____

Address _____

E-Mail _____

My application is supported by the following GTP-members (compulsory disclosure):

1. Name _____

Date / Signature _____

2. Name _____

Date / Signature _____

Place / Date

Signature of applicant