



DEUTSCHE GESELLSCHAFT FÜR CHIRURGIE e.V.

Application for admission

I hereby apply for admission as a full member on the 01/01/_____

Name _____ First name _____ Date of birth _____

Title _____ Official function _____

Professional address _____
Clinic / Hospital / Practice

Department _____

Street _____ Postcode _____ City _____

Office telephone _____ Office fax _____ Region _____

Private address

Street _____ Postcode _____ City _____

Private telephone _____ Private fax _____ Region _____

Please send post to the Practice/Clinic address Private address

E-mail address _____

Professional career (please indicate the relevant years)

Licence to practise medicine: _____ Graduation: _____ Habilitation: _____ Professorship: _____

Start of further training: _____
Month Year

Medical specialist qualification

- | | |
|--|--|
| <input type="checkbox"/> Surgery/General surgery | <input type="checkbox"/> Thoracic surgery |
| <input type="checkbox"/> Abdominal surgery/spec. abdominal surgery | <input type="checkbox"/> Plastic surgery |
| <input type="checkbox"/> Orthopaedics and trauma surgery | <input type="checkbox"/> Child surgery |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Mouth, jaw and face surgery |
| <input type="checkbox"/> Vascular surgery | <input type="checkbox"/> Intensive medicine |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Anaesthesia |

Membership of another surgery professional society

- | | | |
|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> DGAV | <input type="checkbox"/> DGNC | <input type="checkbox"/> DGTHG |
| <input type="checkbox"/> DGG | <input type="checkbox"/> DGOOC | <input type="checkbox"/> DGU |
| <input type="checkbox"/> DGKCH | <input type="checkbox"/> DGPRÄC | |
| <input type="checkbox"/> DGMKG | <input type="checkbox"/> DGT | |

Membership fee:

Full member 130,- € Reduced fee 65,- € (for assistant doctors in the first eight years of their further training) Students Free of charge (please attach your student certificate)

In signing this admission application, I declare to be in agreement with the Deutschen Gesellschaft für Chirurgie e.V. charter (viewable at www.dgch.de).

Place _____ Date _____ Signature _____

DEUTSCHE GESELLSCHAFT FÜR CHIRURGIE e.V. Luisenstr. 58/59 10117 Berlin Fax: 030 28 87 62 99 info@dgch.de

Please turn over!



Declaration of consent to the purpose-related saving and use of data

We collect, process and use your data to fulfil the association's purpose and to support you as a member, sometimes through the employment of service providers. The legal basis for this is article 6 paragraph 1 letter b of the GDPR (realisation of the membership rights and duties in accordance with the DGCH e.V. charter). If you have indicated an e-mail address, internal communication from the association will be transmitted to you via this e-mail address, insofar as possible (this is the case for the DGCH newsletter, for example). We give your data to the following cooperation partners for the organisation of joint services: to send you member and specialist magazines, to schaefermueller publishing GmbH and the Springer-Fachverlag, and for the organisation of the annual DGCH congress to Medizinische Congressorganisation Nürnberg AG.

DGCH also employs external service providers for the processing of your data, for example for the care and maintenance of our IT systems. All service providers employed have their headquarters in the European Union (EU) or in the European Economic Area (EEA).

As little data as possible is transmitted to each service provider and each cooperation partner. You can revoke the use of your voluntarily given information by DGCH at any time with future effect at www.dgch.de/kontakt or in written form at the DGCH postal address given above. We save your personal data for as long as it is necessary for the realisation of your membership in DGCH, under observance of the legal storage periods. Some of your data will be immediately deleted after the end of your membership (bank details, for example), some of it will be stored for 10 years (membership bills, for example). We save the core part of the member data necessary for archiving purposes beyond the end of your membership. You can request information from us at any time concerning your personal data that we have saved, in accordance with the article 15 of the GDPR. You also have further rights as a data subject, particularly the right to correction, deletion (right to be forgotten), locking (limiting the data processing), contest and data portability, in accordance with the provisions in articles 12 - 23 of the GDPR. You can also contact DGCH's data protection officer, Mr Frank Nelles, by e-mail at datenschutz@h365.de. You also have a right of appeal to the relevant supervisory authority, the data protection officer of Berlin.

Place

Date

Signature