Membership Application for





We hereby apply for membership in the German Managed Care Association (Bundesverband Managed Care e.V.) as a legal entity:

| Company/Institution | | | Primary contact person |
|--|---|--|---|
| | | | |
| Street & street no. | | 1 | Function (e.g., Managing Director, etc.) |
| Zip code, plac | - A | | Phone |
| Zip code, pidec | | | THORE |
| E-Mail | | | |
| Membership fee Please check the applicable category: | | | |
| Category | | | Please note: |
| 1 | Large business: above 100 mio. € in revenues p.a. | Public entities are assigned to fee category 2. Fee category 3 is only applicable for a period of 3 years. After these 3 years they will be assigned to category 2 | |
| 2 | Standard membership | | |
| 3 | Small business: Below 1.5 mio. € in revenues p.a., applicable for a maximum of 3 years | | |
| | | | |
| Prime | Annual prime fee: 3.000 € <u>aditionally</u> to the regular annual contribution | | Prime membership: - One free events sponsorship p.a 2 free tickets to BMC events / exclusive events |
| Members joir We hereby de | ning after June 30th are eligible for a seclare that we accept the Articles of A | 50% red Association | |
| | | | |
| Place, date | | J | Signature |