UK

APPLICATION FOR MEMBERSHIP AS A CONSULTANT

in the Dr. Rath Health Alliance

Personal details:

PLEASE COMPLETE IN BLOCK LETTERS!

Surname, first name

House no., street

Town, post code

Country

Date of birth

Telephone

Fax

Email*

Occupation / job

* Given the fact that we will dispatch fee settlements electronically in the future, it is important to specify an email address. Please provide us with your email address, in order to allow us to contact you reliably and securely.

Please transfer my own fees to the following account:

Bank

Sort code

Account number

BIC

IBAN

I hereby apply to become a member of the Dr. Rath Health Alliance. I have completed the "Cellular Medicine Foundation Course" necessary to become an active member. Membership is free of charge, and I can relinquish it at any time subject to a notice of 30 days to the end of a month, without citing reasons.

I acknowledge receipt of a detailed introduction to the bases and aims of the Dr. Rath Health Alliance, and have received a copy of the Dr. Rath Health Alliance guidelines (last update: 01/01/2010), and am in agreement with them.

I agree that the member sponsoring me will receive information about my orders (order date and value). This will enable him / her to check his / her fee calculation.

Information of sponsoring, supporting consultant:

Surname, first name

Membership number

Sponsoring consultant's signature

Place, date

Applicant's signature

Please accept that we can only process fully completed applications. In the case of any changes to your personal data, please send these to us as quickly as possible to ensure that we can calculate and pay your fees smoothly. Please retain a copy of this application plus guideline for your personal information.

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