



PRECISION MEDICINE ALLIANCE

Corporate Membership Application Form

Name of Organization (please in print letters):

Address of Organization (please in print letters):

Contact Person in Management (please in print letters):

Last Name: _____

First Name: _____

Profession and academic grade: _____

Job Title: _____

Phone: _____ Fax: _____

Cell Phone: _____

Email: _____

I hereby apply for corporate membership in PMA - Precision Medicine Alliance for a yearly membership fee of Euro 10.000 plus VAT. I understand that membership will begin as soon as this application and membership fee is received and processed. PMA will send a written confirmation and an invoice for the membership fee. I acknowledge that if my company does not designate another primary representative, I will fulfill that role.

Location: _____, Date: _____

Signature: _____

Founders: Dr. Henri M. von Blanquet M.D., MaHM & Dipl.-Kaufm. Patrick Hofmann
PRECISION MEDICINE ALLIANCE, Elisabethkirchstrasse 2, 10115 Berlin, Germany
Fax +49-32-127881122 Email: Office@precisionmedicinealliance.org