



# SLS ANGELS MEMBERSHIP

Thank you for your interest in SLS Angels ([www.sls-angels.com](http://www.sls-angels.com)). Please complete the following form to join our business angel network and support groundbreaking innovations in diagnostics, digital health, and life science tools.

Date :

## Personal Information

Full Name :

E-Mail :

Phone :

Organization (if applicable) :

:

Please select the membership type:

- Individual Membership (€350/year)
- Other Membership (€500/year)

Start of the membership

- January 1<sup>st</sup>
- August 1<sup>st</sup>
- As soon as possible

## SEPA Direct Debit Authorization

By signing this mandate form, you authorize SLS Angels to send instructions to your bank to debit your account for your annual membership fee and your bank to debit your account in accordance with the instructions from SLS Angels.

Account Holder Name :

IBAN :

BIC/SWIFT :

Bank Name :

Date / Signature :

# SLS ANGELS MEMBERSHIP

## Membership Billing Cycles

SLS Angels membership operates on an annual basis with two billing cycles:

1. January 1<sup>st</sup>
2. August 1<sup>st</sup>

If you join between February and June, or between August and December the full membership fee is due for the ongoing billing cycle year upon registration.

## Invoicing Details

Please note that until SLS Angels is registered as an independent organization, all invoicing will occur from:

SLS Solutions GmbH  
Brunnenstrasse 23  
40221 Düsseldorf  
Represented by Dr. Mirko Stange as CEO

This applies to all membership fees and related payments.



### How to Submit Your Completed Registration Form

Once you have completed the PDF, please email it back to us at [m.stange@sls-angels.com](mailto:m.stange@sls-angels.com). We will process your submission and get in touch with you shortly. If you have any questions or need further assistance, feel free to reach out!