



DxPx Capital MEMBERSHIP

Thank you for your interest in DxPx Capital (www.dxpx-capital.com). Please complete the following form to join our business angel network and support groundbreaking innovations in diagnostics, digital health, and Biotools.

Date :

Invoice Information

Account Holder:

Address:

E-Mail:

Phone:

Name:
(DxPx Capital member)

Please select the membership type:

Individual Membership (€350/year)

Other Membership (€500/year)
(e.g. via GmbH, Inc.)

Marketing

I agree that my affiliation with DxPx Capital may be used for marketing purposes: yes no

Signature

Authorized Signature:

Please submit the completed application to: m.stange@dxpx-capital.com