

Application for Membership

I hereby apply for membership in the association:
„Elektronenmikroskopie Museum Nürnberg e.V.“
Mailing Adress: Romstr. 20, 91074 Herzogenaurach

My contact details are:

.....
Titel, first name, last name

.....
Adress: Number, Street

.....
Institution (optional)

.....
Zip Code, Residence, Country

.....
E-Mail

.....
Phone

I apply for the admission as

Full Member

Sustaning Member

Full Membership fee 100 €

Student

Company

Sustaining Member from 200 €

Student 50 € *(An enrollment certificate is required)*

Company and Institutions: 300 €

Fees per year

The payment will be made by

SEPA direct debit

Permanent Order

Invoice

I have read and understood the attached data protection information.

.....
Date, Signature

.....
Application approved: Date, Board of Director