

Application for membership: Association for General and Applied Microbiology

Return by Fax: 0049-69-66056722

or by mail: VAAM-Geschäftsstelle, Mörfelder Landstraße 125, D-60598 Frankfurt/Main

Member No.: (to be completed by VAAM) : _____



First name/surname: _____ Mr/Mrs: _____

Date of birth: ____ _ academic title: _____

I wish to be registered as a member of VAAM.

Status: Ordinary member (70.-€)
Ordinary member and member of GBM, Dechema (60.-€) Membernumber GBM/Dechema _____
Retired person (45.-€)
Student member (25.-€)

City _____, Date _____ Signature: _____

For registration as a student only:

The registration of a student member has to be guaranteed by an ordinary member (usually the chair). The date of final examination has to be confirmed!

_____, Name: _____ Signature: _____
Date of final examination (chair) (chair)

Documents to be sent to Business- or private address

Private address:

Street: _____ P.O.Box: _____
Country: _____ ZIP: _____ City: _____
Phone: _____ Fax: _____
E-mail: _____ Homepage: _____

Business address:

Institution (University Company, MPI, others)

Department _____
Street: _____ P.O.Box: _____
Country: _____ ZIP: _____ City: _____
Phone: _____ Fax: _____
E-mail: _____ Homepage: _____

I allow to be listed in the electronical register on the homepage (password necessary): Yes No

I want to work in a special interest group:

(Water and Sewage; Environmental Microbiology; Biology of Bacteria producing Natural Compounds; Biotransformation; Functional Genomics; Identification/Systematics; Diagnostic/Quality control; Fungal Biology and Biotechnology; Yeast; Structure and Microscopy; Microbiology of Food; Microbial Pathogenicity; Regulation and Signaltransduction; Archaea; Symbiotic interactions; - multiple choice possible!)

Payment: Bank draft Credit Card MC, Visa*) Transfer**)

*) You can use your credit card only if you have no giro account in Germany.

**) For money transfers, we have to charge you with an additional fee

Bank details:

Bank name: _____ City: _____

Account number: _____ Name of owner: _____

Bank code: _____

Credit card: Master/Eurocard Visacard
Number: _____ Name of owner: _____
Expiration Date _____
Card verification number (last 3 digits on the back of your card) _____

Authorization for Bank draft:

City: _____ Date _____ Signature: _____