

Gesellschaft für Biochemie und
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Creditor ID: DE88ZZZ00000140296

Membership application 2017

Member No. (to be completed by GBM):

Personal data

Mrs. Mr.

Surname: _____
First name: _____
Academic title: _____ Date of birth (day/month/year): ____ . ____ . ____

Privat address:

Street: _____ P.O.Box: _____
Country: _____ ZIP: _____ City: _____
Phone: _____
Fax: _____ Email: _____

Business address:

Institution (University
Company, MPI, others) _____
Department _____
Street: _____ P.O.Box: _____
Country: _____ ZIP: _____ City: _____
Phone: _____
Fax: _____ Email: _____

Documents to be sent to business or private address

Occupation

Undergraduate student (University: _____) Graduate student
 Post-Doc Research Associate Professor Industry

Education:

Biochemisty Biotechnology Medicine
 Biology Chemistry Others: _____
Begin of education: _____ Date of exam: _____ (Bachelor/ Master/ Diploma)
PhD: _____ Habilitation: _____

Status:

Student ¹ Full member Retiree
¹ without a permanent position and born after 1985 (Bachelor-/Master-/Diploma-/PhD student)

Member of the following scientific societies:

(especially DBG, DECHEMA, DGZ, GDCh and VAAM) _____

I want to work in the special interest groups:

- | | |
|--|---|
| <input type="checkbox"/> Autophagy | <input type="checkbox"/> Molecular Biology and Biochemistry of Plants |
| <input type="checkbox"/> Bioanalytics | <input type="checkbox"/> Molecular Cell Biology |
| <input type="checkbox"/> Biochemical Pharmacology and Toxicology | <input type="checkbox"/> Molecular Medicine |
| <input type="checkbox"/> Bioenergetics | <input type="checkbox"/> Molekular Neurobiology |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Protein Engineering and Design |
| <input type="checkbox"/> Biomembranes | <input type="checkbox"/> Receptors and Signal Transduction |
| <input type="checkbox"/> Biophysical Chemistry | <input type="checkbox"/> Redox Biology |
| <input type="checkbox"/> Chemical Biology | <input type="checkbox"/> RNA-Biochemistry |
| <input type="checkbox"/> Glycobiology | <input type="checkbox"/> Structural Biology |
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BIOspektrum:

The BIOspektrum is the member journal of our society. Besides interesting articles from biosciences, it contains news and communications from GBM.

The **german-language** journal is published seven times per year and will be sent to you by mail.

I **do not** need the BIOspektrum.

Terms of payment: **SEPA Direct Debit Mandate**

Bank Name: _____ Bank city: _____

BIC: _____ | _____ Account Owner *: _____

IBAN: _____ | _____ | _____ | _____ | _____ | _____ * if not the same like the applicant

By signing this form, you authorize GBM to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from GBM.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

 Credit Card (only for applicants from abroad please, we accept VISA, Mastercard and American Express.)

Card Number: _____ Expiry date (MM/JJ): _____

Card Verification Number: _____ Card Owner: _____

Herewith I authorize the GBM to charge my credit card with my membership fees.

 Bank transfer (with an additional fee (7 €) !)

I request to become a member of the GBM.

City

Date

Signature

How did you get notice about the GBM:

- GBM Meeting Biospektrum Announcement Professor/GBM contact person Junior GBM FEBS

Name of Professors / contact person: _____
