MESAEP MEMBERSHIP APPLICATION FORM

Family name: .....

First name: .....

Title: ..... Date of birth: .....

Profession: .....

Tel: ..... Fax: .....

E-Mail: .....

Internet Homepage: .....

Institute: .....

.....

Street: .....

City: .....

County: .....

☐ I wish to become a **Full Member** of MESAEP e.V.; Membership Fee: **Euro 40.00 per year**

☐ I wish to become a **Student Member** of MESAEP e.V. (actual student certification required); Membership Fee: **Euro 20.00 per year**

☐ I wish to become a **Supporting Member** of MESAEP e.V.; Membership Fee: **Euro 80.00 per year**

Date: ..... Signature: .....

Recommended by: .....Member of MESAEP

PAYMENT TO MESAEP

☐ ***By transfer to MESAEP Bank*** MESAEP e.V.
Deutsche Bank AG, Leopoldstrasse 71, 80802 Munich, Germany
Bank account: 6117220 Bank code: 700 700 24
BIC: DEUTDEDBMUC IBAN: DE68 7007 0024 0611 7220 00

☐ ***By credit card*** ☐ VISA ☐ EUROCARD/MASTERCARD

Name as it appears on card_____

Expiration Date: I__I__I__I__I Credit card number: I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I

Card-verification value/code: I__I__I__I Signature: _____

TOTAL: _____ Euro for the year(s) _____

Please return this form to: Dr. Manfred Kirchner
Helmholtz Zentrum München, Institute of Ecological Chemistry,
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Tel.: +49-89-31873145, Fax: +49-89-31873371, email: kirchner@helmholtz-muenchen.de