

Gesellschaft für Biochemie und
Molekularbiologie (GBM) e.V.
Mörfelder Landstr. 125
60598 FRANKFURT AM MAIN
Germany

Tel.: +49 (0)69 660 567- 0
Fax: +49 (0)69 660 567- 22

Email: info@gbm-online.de
http://www.gbm-online.de
Creditor ID: DE88ZZZ00000140296

Membership application 2021

Member No. (to be completed by GBM):

Personal data

Mrs. Mr. Diverse

Surname: _____

First name: _____

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

Privat address:

Street: _____ P.O.Box: _____

Country: _____ ZIP: _____ City: _____

Phone: _____

Fax: _____ Email: _____

Business adress:

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:

Biochemistry 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 1988 (Bachelor-/Master-/Diploma-/PhD student)

Member of the following scientific societies:

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

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 agree to have my data included in the password protected online member directory. Only the name with academic title, city and country will be published (this consent can be revoked any time).

I agree to allow the GBM to contact me via email regarding conferences, announcements and further relevant information (this consent can be revoked any time).

Declaration of consent

I hereby give consent to my data being collected, processed and used for member service, member support and the realization of the statutes according to § 3 of the GBM statutes in the version of April 5th, 2002, in compliance with the EU General Data Protection Regulation (EU GDPR).

I am also aware that the collection, processing and use of my data is voluntary. Furthermore, that I can revoke my consent at any time with effect for the future. I will address my declaration of revocation to:

Gesellschaft für Biochemie und Molekularbiologie e.V., Mörfelder Landstraße 125, 60598 Frankfurt am Main, E-Mail: info@gbm-online.de.

I am aware that I can receive information about the personal data at any time, including the corrections, deletions or blockings made for the future. In the case of the revocation of the declaration of consent, my data will be deleted from the GBM with the receipt of my declaration of intent, unless I owe the GBM a membership fee.

I hereby confirm that I agree with the declaration of consent and that I acknowledge the GBM statutes, especially with regard to the cancellation period and the payment terms. I herewith apply for admission in 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: _____