



Application for Membership of the EMBRN

Please complete in block letters or in type script

Name: _____

First name(s): _____

Title (Prof/Dr/Mr/Ms): _____

Type of Member: Senior Junior (within 5 years after doctoral degree)

Year of doctoral degree: _____

Profession: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Date/Signature: _____

Please pay your membership fee (*Senior 50 €, Junior 25 €*) by money transfer order to

EMBRN e.V.

BW Bank

Bank account number: 2669164

Bank code number: 600 501 01

IBAN: DE40600501010002669164

BIC: SOLADEST

When completed, please send the application form to the Treasurer of the EMBRN:

Prof. Dr. Axel Lorentz

University of Hohenheim (180)

D-70593 Stuttgart

Germany

Fax: +49 711 459 24343

Lorentz@uni-hohenheim.de