

## MEMBERSHIP FORM

This form confirms my intent to join the **Society of Friends of the Max-Delbrück-Center for Molecular Medicine (MDC) Berlin-Buch.**

\_\_\_\_\_  
Title\* Last name First name

\_\_\_\_\_  
Date of birth\* Profession\* Institute/ Company\*

\_\_\_\_\_  
for legal entities: Name of company/institution

\_\_\_\_\_  
for legal entities: Contact person, position

\_\_\_\_\_  
Street, House Number

\_\_\_\_\_  
Postal code City Country

\_\_\_\_\_  
E-mail address Telephone number\*

\*) *Optional*

### I am /We are joining the association as

- Individual member – annual fee 50 Euros
- Individual member with reduced fee (seniors) – annual fee 25 Euros
- Individual member (doctoral students) – non-contributory
- Legal entity – annual fee 1,000 Euros

### I /We will pay the dues in the following way:

- Bank transfer: annual fee to be paid in the first quarter of each calendar year (in the first year, at the moment of joining) to the following account:  
Account holder: Freunde und Förderer des Max-Delbrück-Centrums für Molekulare Medizin e.V.  
(short form: *MDC Freundeskreis*)  
bank account: 195 32 34 000 bank code: 100 500 00 (Berliner Sparkasse)  
IBAN: DE30 1005 0000 1953 2340 00 SWIFT code: BELADEBEXX  
Bank Identifier: DE71MDC00000984696
- Direct debit from my bank account. Please complete and sign the form below, which permits us to make the debit (only possible with bank account within Germany)
- I agree that my name may be entered into the member registry and published. The personal data in this form will be handled only by the association and saved for membership purposes alone. It will not be forwarded to any third party.

\_\_\_\_\_  
City Date Signature

### Direct debit (optional)

This grants the Association the right to automatically debit the annual membership fee from my account, whose details are given below. I understand that I can cancel this privilege at any time. If the account does not contain sufficient funds, the credit institute is not obliged to make the transfer.

\_\_\_\_\_  
Account holder Account number/IBAN

\_\_\_\_\_  
Bank bank code /SWIFT code

\_\_\_\_\_  
City Date Signature