

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
Email address	Telephone number*	

*) *Optional*

I am /We are joining the association as

- Individual member – annual fee 50 Euros
- Individual member with reduced fee – annual fee 25 Euros
(for students, apprentices, doctoral students, and seniors)
- 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*)
IBAN: DE30 1005 0000 1953 2340 00
SWIFT code: BELADEBEXXX
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	
Bank	Bank code	
City	Date	Signature