



Application for membership

Association for General and Applied Microbiology

Return by email: mail@vaam.de
 or by mail: VAAM-Geschäftsstelle, Mörfelder Landstraße 125, D- 60598 Frankfurt/Main

Member No.: (to be completed by VAAM): _____

First name/Surname: _____ **Mr/Mrs:** _____ **Academic title:** _____

I wish to be registered as a member of VAAM:

Status:

- Ordinary member (70.-€)
- Ordinary member and member of GBM, DGHM, Dechema: (60.-€)
- Membership number GBM, DGHM or Dechema: _____
- Retired person (45.-€)
- Student member (25.-€)

For registration as a student member only:

Field of Studies: _____ **Start of studies:** _____
 Bachelor expected Graduation (Year) _____ Master expected graduation (year) _____
 PhD Student expected Graduation (year) _____

To get a long-term status as a student, the chair of the student has to confirm the date of the expected final examination.

Date of final examination (year): _____

Name _____
 (Chair)

Signature: _____
 (Chair)

Personal data:

Mrs Mr

Surname: _____

First name: _____

Academic title: _____ Date of birth: ____ ____ ____

Private address:

Street: _____ P.O.Box: _____

Country: _____ ZIP: _____ City: _____

Email: _____ Phone: _____

Business address:

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

Optional: I want to participate in a special interest group:

(please mark max. 3 special interest groups)

- | | |
|--|---|
| <input type="checkbox"/> Archaea | <input type="checkbox"/> Mikrobiology of Food (together with DGHM) |
| <input type="checkbox"/> Biology of Bacteria producing Natural Compounds | <input type="checkbox"/> Microbial Cellbiology |
| <input type="checkbox"/> Biotransformation (together with Dechema) | <input type="checkbox"/> Microbial Pathogenicity (together with DGHM) |
| <input type="checkbox"/> Fungal Biology and Biotechnology | <input type="checkbox"/> Diagnostic and Qualitycontrol |
| <input type="checkbox"/> Cyanobacteria | <input type="checkbox"/> Regulation and Signaltransduction in Prokaryotes |
| <input type="checkbox"/> Functional Genomics | <input type="checkbox"/> Symbiotic Interactions |
| <input type="checkbox"/> Yeast | <input type="checkbox"/> Environmental Microbiology |
| <input type="checkbox"/> Identification and Systematics | <input type="checkbox"/> Water and Sewage |
| <input type="checkbox"/> Astromicrobiology | |

Payment: **Bank draft** Creditcard (MC, Visa)* Transfer**

* You can use your credit card only if you have no giro account in Germany.
** Money transfer only in exceptional cases possible, there is an additional fee of 10.- euro

Bank details:

Bank name: _____ City: _____

IBAN number: _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _

Name of account holder: _____

Bank code, BIC: _____

Credit card: Master/Eurocard Visacard

Number: _____

Name of owner: _____ Expiration date: ____ _____

Card verification number (last 3 digits on the back of your card) _____

Authorization for Bank draft: Creditor Identification Number of VAAM: DE27ZZZ00000577312

By signing this mandate form, you authorize VAAM to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from VAAM. 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.

Declaration of consent:

I hereby agree that my data are saved and used by the Association for General and Applied Microbiology (VAAM) for administration of the membership. It is allowed to pass over the data only for realization of the VAAM-statutes (e.g. organizing the annual conference). My personal data will be collected, processed and used 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. I can revoke my consent at any time with effect for the future. I will address my declaration of revocation to:
VAAM e.V., Mörfelder Landstraße 125, 60598 Frankfurt am Main, E-Mail: info@vaam.de.

I confirm that I understood the declaration of consent and that I am aware of the term of notice for cancelling the membership according to the statutes of the VAAM.

City: _____ Date _____ **Signature:** _____