



APPLICATION FOR MEMBERSHIP

I herewith apply for membership in AGKN e.V. I agree with the collection, storage and usage of the above mentioned personal data for the means of the association work. The email can be used for the dispatch of invoices and for informative purposes.

Membership type

natural person
institutional membership

Salutation

Mr.
Ms.

Title

Dr.
Prof.

Contact person name

Institution name

Jurisdiction

Institution size

up to 5 employees
up to 50 employees
more than 50 employees

Postal address

Email

Telephone number

The contribution amounts are to be paid within 30 days after the invoice issue according to the current version of Fees Schedule §5.2 (5).

Place, date

Signature