



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.

apoBank Berlin

IBAN DE 37 3006 0601 0039 9654 32

BIC DAAEDEDXXX

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

Frank Siebenhaar, MD, Assistant Professor

EMBRN e.V.

c/o Stiftung ECARF

Robert-Koch-Platz 7

D-10115 Berlin, Germany

finances@embrn.eu