



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 (under the age of 35)

IES Member: Yes No I want a free membership

Profession: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Date/Signature: _____

Please pay your 2 Year membership fee (*Senior 200 €, Junior free*) by money transfer order to

EMBRN e.V.

apoBank Berlin

IBAN: DE37 3006 0601 0039 9654 32

BIC: DAAEDEDXXX

Please send the completed application form to the EMBRN office:

EMBRN e.V.

finances@embrn.eu

Treasurer Frank Siebenhaar