

biosaxony e.V. // Membership Form

SECTION:

Biotechnology

Medical Technology

I herewith apply for membership to the biosaxony e.V. as [please select]:

Natural person

Support member

Legal person (company)

1) Year of founding:

2) current number of employees:

INSTITUTION / COMPANY:**CONTACT:**

Mr

Ms

Academic Title

Last name // First name

Position

Telephone

E-mail

1.

Your e-mail address

E-mail

2.

second contact e-mail address, e.g.
assistant, marketing, events, etc.

BILLING ADDRESS:

Street // No.

Postal code // City

ENTRY DATE:

By submitting this declaration, I accept the **statutes** and **contribution regulations** of the biosaxony e.V. and I agree to them.

[Date]

[Signature and official stamp]