

biosaxony e.V. // Declaration of Accession

I hereby apply to join biosaxony e.V. as [please check]

- 1) Natural person Student
- 2) Supporting member
- 3) Representative of a legal person
 - 1. Privately organized
 - 2. City/Municipality
 - 3. University/Institute/Reserach institute
 - a. Universities (base amount) and colleges of higher education
 - b. Additive: faculties
 - c. Central facilities
 - d. Affiliated institutes
 - e. Institutes of the Max-Planck- and Fraunhofer-Society
 - f. Institutes of the Leibniz- and Helmholtz-Society
- 3.1) Year of foundation:
- 3.2) Number of employees:
 - 4) Clinic, hospital
 - 5) non-profit association / local authority
 - 6) Foundation

INSTITUTION / COMPANY:

Official name

What is your company's industry sector? (multiple selection possible)

Biotechnology
Healthcare industry
Medical technology

CONTACT:

Mr. Mrs.

Academic title

Name // first name

Position

Phone number

E-Mail 1. Your mail address

E-Mail 2. e.g. assistance to the CEO or marketing

BILLING ADDRESS:

Name // company

Contact person

Street // No.

Postcode // city

Adress supplement

VAT-No.* Tax

identification code*

DATE OF ENTRY:

By submitting the application, I accept the **statutes** and the **contribution regulations** as binding and undertake to comply with the regulations of the association.

[Date]

[Signature and Stamp]

* Tax identification code, if no VAT-No. available

* Tax identification code // VAT-No. does not apply to natural person // students