



Please complete sign and return to:

Gesellschaft für Biochemie und
Molekularbiologie e.V. – GBM
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Fax: +49 (0)69 660 567-22

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D-60598 Frankfurt am Main

Member No. (to be completed by GBM): _____

Personal data

Mr. Mrs.

Surname: _____

First name: _____

Academic title: _____ Date of birth (month/day/year): ____ . ____ . ____

Privat address:

Street: _____ P.O.Box: _____

Country: _____ ZIP: _____ City: _____

Phone: _____

Fax: _____ Email: _____

Business adress:

Institution (University _____

Company, MPI, others) _____

Department _____

Street: _____ P.O.Box: _____

Country: _____ ZIP: _____ City: _____

Phone: _____

Fax: _____ Email: _____

Documents to be sent to business or private address

Occupation

Undergraduate student (University: _____) Graduate student

Post-Doc Research Associate Professor Industry

Education:

Biochemistry Biotechnology Medicine

Biology Chemistry Others: _____

Begin of education : _____ Date of exam : _____ (Bachelor/ Master/ Diploma)

Ph.D. : _____ Habilitation : _____

Status:

Full member Young member*

* without a permanent position and not older than 32 years (at the end of the year)

Member of the following scientific societies:

(particularly DECHEMA, DGZ and VAAM)

I want to work in the special interest groups:

- | | |
|---|--|
| <input type="checkbox"/> Bioanalytics | <input type="checkbox"/> Molecular Medicine |
| <input type="checkbox"/> Biochemical Pharmacology and Toxicology | <input type="checkbox"/> Molekulare Neurobiologie |
| <input type="checkbox"/> Bioenergetics | <input type="checkbox"/> Protein Engineering und Design |
| <input type="checkbox"/> Biomembranes | <input type="checkbox"/> Receptors and Signal Transduction |
| <input type="checkbox"/> Biophysical Chemistry | <input type="checkbox"/> RNA-Biochemistry |
| <input type="checkbox"/> Glycobiology | <input type="checkbox"/> Bioinformatics |
| <input type="checkbox"/> Molecular Biology and Biochemistry of Plants | <input type="checkbox"/> Structural Biology |
| <input type="checkbox"/> Molecular Cell Biology | <input type="checkbox"/> Chemical Biology |

Terms of payment:

- Bank draft** **Credit Card** (please only for members abroad) Bank transfer

Drafts from savings accounts, deposits or foreign accounts are *not* possible.

We accept VISA, Mastercard and American Express.

For money transfers, we have to charge an additional fee (7,- €) !

Bank Details:

Bank Name: _____ City: _____

Bankcode: _____ Account Owner: _____

Account Number: _____ (if not the same like the applicant)

Credit Card Details

Card Number: _____

Expiry Date(mm/yy): _____ Card Verification Number: _____

Card Owner: _____ (if not the same like the applicant)

Herewith I authorize the GBM to charge my account / credit card with my membership fees.

I request to become a member of the GBM.

City

Date

Signature

How did you get notice about the GBM:

GBM-Meeting Biospektrum Announcement at the Institute/Company

Professor / GBM contact person

Name of Professors / contact person _____

Others _____