

# KOLLOID-GESELLSCHAFT e. V.

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## Membership application

(Please fill in legibly in block letters and send the form to the management, preferably by e-mail)

I hereby declare my membership in the Kolloid-Gesellschaft e. V.  
with an annual membership fee of:  € 23,00  € 5,00 (student member)

Private address: Please check the box on the right if correspondence is to be sent via this address.

Name:	First name:	Title:
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Street:

POSTCODE	City/Country:
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Tel.:	Fax:
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E-mail:

Company address: Please check the box on the right if correspondence is to be sent via this address.

Company:

Street:

POSTCODE:	City/Country:
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Tel.:	Fax:
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E-mail:

Place:	Date:
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Signature:

Please transfer the membership fee to the account below. The membership fee is due at the beginning of each calendar year. We recommend setting up a standing order.

Bank account:  
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