

To
Prof. Dr. Andreas Weber
Institut für Biochemie der Pflanzen
Heinrich-Heine-Universität
Universitätsstraße 1
D-40225 Düsseldorf
Germany

Membership Application Form

- Yes, I would like to become a member of the Section Plant Physiology and Molecular Biology of the German Botanical Society (Deutsche Botanische Gesellschaft, DBG, e.V.).¹⁾
- Yes, I want to test the membership in this Section for three years before I become a member of the DBG. After this time span I will decide whether I will become a member in the DBG as well.¹⁾
- Yes, I am already a member of the German Botanical Society (Deutsche Botanische Gesellschaft, DBG, e.V.).¹⁾
- Yes, I have already sent a membership application form to the general secretary of the DBG.¹⁾

¹⁾ Please mark

Last and first name: _____

Address / Institute: _____

E-Mail: _____

Place, date

Signature

Payment of Dues

- SEPA Direct Debit Mandate**

By signing this mandate form, you authorise the German Botanical Society (DBG)²⁾ to send instructions to your bank to debit your account and your bank to debit your account

Section Plant Physiology and Molecular Biology in the DBG



in accordance with the instructions from (Creditor Identifier of the DBG:
DE18ZZZ00001383447)

Name and Address³⁾ of account holder: _____

Name of Bank / Savings Bank: _____

IBAN: ____|____|____|____|____ BIC: _____

Place, Date, Signature: _____

²⁾ As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

³⁾ If not identical with applicant

Unfortunately it is not possible to pay via credit card. Please use the Bank Account of the DBG to pay your yearly membership fee (see below). In case you'll experience problems please contact the treasurer of the DBG.

Bank Transfer

In case you prefer to make a bank transfer please transfer the fee until January 15th each year the latest together with your full name to the following account:
Sparkasse Leipzig, BIC: WELA DE 8L, IBAN: DE5086 0555 9211 0087 1515
Please remind that this forces an additional fee of 5 Euros each year if you are not using the SEPA Direct Debit Mandate.

I would like to pay the Section's fees via bank transfer each year:

Place, date, signature: _____

PS: Please save a copy of this application for your own records.