



Application for Membership

ClepSo e.V., attn. Prof. U. Mahlknecht, MD PhD, José Carreras Center, Saarland University Medical Center
Kirrberger Str., Bldg. 45.3, D-66421 Homburg/Saar, Germany
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Personal information of applicant

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Title, first name, last name, suffix Current position

.....
Date of birth Gender Employer/company

Fee category

regular member passive member NGO company other

Criteria for waiver of membership fee

retired, unemployed undergraduate MD/PhD student

Business address

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Affiliation

.....
Street, nr., ZIP/postal-code, town, country

.....
Phone Fax e-mail

Personal address

.....
Street, nr., ZIP/postal-code, town, country

.....
Phone Fax e-mail

All ClepSo mailings should be sent to the following address: business private
The register of members should contain the following address: business private none
Please give me access to the following:

.....
Date Signature

Method of payment

Herewith I authorize ClepSo e.V. to bill my account as follows. Membership fees are in accordance with the society dues schedule as published on the ClepSo website (www.clinical-epigenetics-society.org). Applicant is responsible for all bank and other fees if payment is made by wire transfer.

A) by PayPal as indicated on the CLEPSO homepage

B) by check made payable to: Clinical Epigenetics Society (Membership fee)

C) by bank transfer to: Clinical Epigenetics Society, c/o José Carreras Research Center,
Kirrberger Str., Bldg. 45.3, D-66421 Homburg/Saar, Germany. through the following bank :

KREISSPARKASSE SAARPFALZ -Account N°: 1011702840- Clinical Epigenetics Society/Membership
IBAN: DE 87 59450010 1011702840 - BIC (Bank Identification Code): SALADE51HOM

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Account number (IBAN) Bank code (SWIFT) Bank

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Name a) Membership fee b) Donation Authorized amount (a+b)

.....
Date Signature