German Society for Biomaterials e. V. – DGBM

Membership Application

Last Name: **First Name:** ☐ **m** ☐ **f** ☐ **d**

Academic Title:

Institution / Company:

Street Address:

Postal Code: **City:**

Country:

Phone:

E-Mail:

Website: http://

Current Position:

Activities in the Field of Biomaterials:

☐ **Individual Membership (30 €)**

☐ **Lab Membership (€110 for the first full member)**

(Up to 6 additional persons employed in this lab may become members of the society under the lab membership, provided that the first full member has applied for a lab membership. Please send us the 6 names and their email addresses via email so they can be added to the mailing list!)

Date, Signature

Please send the completed application by post to: Dr. Jana Markhoff Institut für Biomedizinische Technik Universitätsmedizin Rostock Friedrich-Barnewitz-Straße 4 18119 Rostock-Warnemünde	**Alternatively, as a PDF file to:** jana.markhoff@uni-rostock.de