

Please, send application
to address on the
left by conventional
mail.

Dr. Daniel Hoffmann
– Genafor e.V. –
Prizrenstr. 9

D-55411 Bingen am Rhein

place*:

, date*:

I agree with the statutes of Genafor and herewith apply for Genafor membership (information marked * is obligatory; print clearly, please)

title (underline as appropriate): Ms Mr Prof Dr

first name*:

family name*:

date of birth*:

field of research*:

street*:

city*:

zip code*:

state:

phone:

fax:

e-mail:

Your application has to be supported by two members of Genafor:

full name of first member*:

full name of second member*:

My signature*:

For Germany only / nur in Deutschland:

Ich gestatte Genafor bis auf Widerruf den Einzug der Mitgliedsbeiträge von meinem
Konto Nr.:

Bank:

Bankleitzahl:

Unterschrift: