



# Application for membership

## Association for General and Applied Microbiology

Return by email: [mail@vaam.de](mailto:mail@vaam.de)  
 or by mail: VAAM-Geschäftsstelle, Mörfelder Landstraße 125, D- 60598 Frankfurt/Main

**Member No.:** (to be completed by VAAM): \_\_\_\_\_

**First name /Surname:** \_\_\_\_\_ **Mr/Mrs:** \_\_\_\_\_ **Academic title:** \_\_\_\_\_

**I wish to be registered as a member of VAAM**

**Status:**

- Ordinary member  (95.-€)
- Ordinary member and member of GBM, DGHM, Dechema:  (80.-€)
- Membership No. GBM, DGHM or Dechema \_\_\_\_\_
- Retired person  (55.-€)
- Student member  (30.-€)

**For registration as a student member only:**

Bachelor  expected Graduation (Year) \_\_\_\_\_ Master  expected graduation (year) \_\_\_\_\_  
 PhD Student  expected Graduation (year) \_\_\_\_\_

To get a long-term status as a student, the chair of the student has to confirm the date of the expected final examination.

**Date of final examination (year):** \_\_\_\_\_

**Name** \_\_\_\_\_  
 (Chair)

**Signature:** \_\_\_\_\_  
 (Chair)

**Personal data:**

Mrs  Mr

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Academic title: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Private address:**

Street: \_\_\_\_\_ P.O.Box: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business address:**

Institution (University, Company, MPI, others) \_\_\_\_\_

Department \_\_\_\_\_

Street: \_\_\_\_\_ P.O.Box: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Documents to be sent to**  Business- or  private adress

**Optional: I want to participate in a special interest group:**

(please mark max. 3 special interest groups)

- Archaea
- Biology of Bacteria producing Natural Compounds
- Biotransformation (together with Dechema)
- Fungal Biology and Biotechnology
- Cyanobacteria
- Functional Genomics and Bioinformatics
- Yeast
- Identification and Systematics
- Astromicrobiology
- Microbiology of Food (together with DGHM)
- Microbial Cellbiology
- Microbial Pathogenicity (together with DGHM)
- Quality Management
- Regulation
- Symbiotic Interactions
- Environmental Microbiology
- Water and Sewage
- Microbial Viruses
- Microbiome
- Synthetic Microbiology

**Payment:** Bank draft  Creditcard (MC, Visa) \*  Transfer\*\*

\* You can use your credit card only if you have no giro account in Germany.  
\*\* Money transfer only in exceptional cases possible, an additional fee of 10.- euro will be charged.

Bank details:

Bank name: \_\_\_\_\_ City: \_\_\_\_\_

IBAN number: \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_

Name of account holder: \_\_\_\_\_

Bank code, BIC: \_\_\_\_\_

Credit card: Master/Eurocard  Visacard

Number: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card verification number (last 3 digits on the back of your card) \_\_\_\_\_

**Authorization for Bank draft: Creditor Identification Number of VAAM: DE27ZZZ00000577312**

By signing this mandate form, you authorize VAAM to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from VAAM. 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.

**Declaration of consent:**

I hereby agree that my data are saved and used by the Association for General and Applied Microbiology (VAAM) for administration of the membership. It is allowed to pass over the data only for realization of the VAAM-statutes (e.g. organizing the annual conference). My personal data will be collected, processed and used in compliance with the EU General Data Protection Regulation (EU GDPR). I am also aware that the collection, processing and use of my data is voluntary. I can revoke my consent at any time with effect for the future. I will address my declaration of revocation to:  
VAAM e.V., Mörfelder Landstraße 125, 60598 Frankfurt am Main, E-Mail: info@vaam.de.

I confirm that I understood the declaration of consent and that I am aware of the term of notice for cancelling the membership according to the statutes of the VAAM.

City: \_\_\_\_\_ Date \_\_\_\_\_ **Signature:** \_\_\_\_\_