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|  |  | **Membership Application Form** |

I herewith apply for membership in the German Zoological Society (Deutsche Zoologische Gesellschaft e.V., DZG).

**Membership Categories and Fees:**

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| [ ] | Regular | membership | 80.- € / Year |
| [ ] | at cut rates | a) retired member # | 30.- € / Year |
| [ ] |  | b) PhD student (estimated time of certificate: ) | 25.- € / Year |
| [ ] |  | c) B.Sc. / M.Sc student \* / unemployed member # | 15.- € / Year |
|  |  | \* for 2 years only, extension upon request; please enclose certificate  # upon request | |

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| **Name, First Name, Title:** | **Affiliation** |
|  | Institution (University, Company) / Department |
| Date of birth: |  |
| Email: | Street: |
| Telephone number: | Postal code + City + Country |
|  |  |
| Date: | Signature: |

Please note that besides for the B.Sc. student membership, an academic degree is required to become a member. Terms and conditions of the membership can be found in the Satzung (available in German only: <https://www.dzg-ev.de/gesellschaft/satzung/>). By signing this document you confirm that you are aware of it and accept the statutes. Please send the application form, optionally with the signed SEPA Direct Debit Mandate to the DZG office (via post, fax or email). The membership is extended automatically for another year in case it is not cancelled in time (end of current year).

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| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Yes, I agree that I receive my invoice as an encrypted .pdf file by e-mail  ❑ Yes, I agree that my e-mail address will be included in the DZG mailing list  ❑ Yes, I agree that my contact details will be included in a membership list  **Please indicate sections you may want to join:**  Deutsche Zoologische Gesellschaft e.V.  Corneliusstr. 12  80469 München  Mitgl.-Nr. «ID»  «Titel» «Vorname» «Name»   * Ich/wir ermächtige/n die dzg den jährlichen   Beitrag erstmals für 2005 bis auf Widerruf zu Lasten  meines/unseres Kontos in Deutschland einzuziehen.  **Name Kreditinstitut:** ...........................................................  **Konto-Nr.** ...........................................................  **Bankleitzahl** ...........................................................  ................................................................................................. ....  **(Datum, Unterschrift Kontoinhaber )**  ❑ Behavioural Biology  ❑ Developmental Biology  ❑ Ecology  ❑ Evolutionary Biology  ❑ Morphology  ❑ Neurobiology  ❑ Physiology  ❑ Systematics, Biogeography & Diversity | DZG e.V., Corneliusstr. 12, 80469 München  Creditor identifier of the DZG: DE62ZZZ00000030378  Mandatsreferenz (member ID)  [ ] **SEPA Direct Debit Mandate**  I authorise the German Zoological Society to withdraw the annual membership fee (regular / cut rate as indicated above) at respective yearly appointment times from the following **European bank account**. Furthermore I inform my bank to debit my account in accordance with the instructions from the DZG.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name, Name (Account holder)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Private address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ | \_ \_ \_  Bank (Name and BIC/Swift Code)  \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_  IBAN  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place, Date; Signature of Account holder |