

Application for membership



Please send your filled form preferably by e-mail to:

BIOKON international
Dr. Rainer Erb / Dr. Heike Seitz
Ackerstraße 76
13355 Berlin, Germany

contact@biokon-international.com
Tel.: ++ 49 (0)30 4606-8484

Membership as individual person		status as student / PhD student <i>if marked, document evidence is requested</i>	
Title / Firstname / Name *			
Private address <i>and / or</i>			
Affiliation / Organisation address			
Telephone number *			
Fax number			
E-mail address *			
Address for invoice * concerning membership fee			
Background:			
Biomimetics fields of interest *			
Special expertise in biomimetics * (please use separate sheet if necessary)			
Links to website, CV, etc.			
Further remarks			
Affirmation:			
Place, date, name *			

* required entry

By sending the filled form you accept that we publish the following data on our website:
name, address of your organisation (if stated), telephone number and e-mail-address.

Addendum to application for membership

Name:

Background: