

# Application for membership



Please send your signed form by post, e-mail (scan) or fax to:

BIOKON international  
Dr. Rainer Erb/ Dr. Sabine Wortmann  
Ackerstraße 76  
13355 Berlin, Germany

contact@biokon-international.com  
Tel.: ++ 49 (0)30 4606-8484  
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<b>Membership as individual person</b>		status as student / PhD student <i>if marked, document evidence is requested</i>
Name *		
Private address  <i>and / or</i>		
Affiliation / Organisation address		
Telephone number *		
Fax number		
E-mail address *		
Address for invoice * concerning membership fee		
<b>Background:</b>		
Biomimetics fields of interest *		
Special expertise in biomimetics *  (please use separate sheet if necessary)		
Links to website, CV, etc.		
Further remarks		
<b>Signature:</b>		
Place, date, signature *		

\* required entry

With your signature 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:**