

# MEMBERSHIP-APPLICATION

DEUTSCHE GESELLSCHAFT FÜR REGENERATIVE MEDIZIN E.V. - GRM  
GERMAN SOCIETY FOR REGENERATIVE MEDICINE



DEUTSCHE GESELLSCHAFT FÜR  
REGENERATIVE MEDIZIN E.V.

Deutsche Gesellschaft für Regenerative Medizin e.V.  
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This is to become a member of  
Deutschen Gesellschaft für Regenerative Medizin e.V. (GRM):

Mr.  Mrs.  Organization  Company (Please mark one)

Title / Organization / Company

First Name(s)

Last Name

Street Address

City, ZIP

Country

Primary Phone

Fax

eMail

Date of Birth

**Membership:**

- Single  
 Student  
 University,  
Basic and Clinical  
Research Facility  
 VC Investor  
 Corporate  
 Sponsor

**Annual Dues:**

- 150 Euro  
75 Euro  
300 Euro  
500 Euro  
by agreement  
by agreement

**Direct Deposit Authorization**

This is to authorize, until further notice, payment of annual dues through direct deposit from my bank account. The financial institution shall not be obligated to effect payment of annual dues in the event of insufficient funds in my account. Upon written request, annual dues paid in excess shall be reimbursed proportionally in the event of cancellation of membership.

Name on Bank Account

Mailing Address

Account Number

Bank Code / ABA

Name of Financial Institution

Place / Date

Signature

The Annual Dues have been wired to the bank account of the German Society for Regenerative Medicine; Dresdner Bank Frankfurt, Germany, Account 0191 300 100; Bank Code / ABA 500 80000; IBAN DE 86 500 80 000 0197 826 300; SWIFT DRESDEFF

Place / Date

Corporate Seal