

SOMED MEMBERSHIP APPLICATION FORM №

SOMED membership is open to all who are interested in microbial ecology and related topics from bench to clinical applications and technological aspects.

Ms Mr Prof Dr

First name: _____ Surname: _____

Dept/Laboratory/Center: _____

Institution/Company: _____

Position/Status: _____

Street/P.O. Box: _____

Postal code: _____ City: _____ State: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

I authorize the inclusion of my data in the SOMED Membership Directory as above detailed.

Date: _____ Signature: _____

Annual fees

- | | |
|---|---|
| <input type="checkbox"/> Regular membership: EUR 40
(or USD 55) | <input type="checkbox"/> Corporate membership: EUR 400
(or USD 550) |
| <input type="checkbox"/> 2-years membership: Eur 80
(or USD 110) | <input type="checkbox"/> 2-years membership: EUR 800
(or USD 1600) |
| <input type="checkbox"/> Student membership: EUR 20
(or USD 25) | <input type="checkbox"/> Supporting membership: EUR 1000
(or USD 1350) |

(Please add student status certification)

Please fill in below the total fees paid and the corresponding years

Total fees:..... Years:.....

- SOCIETE D'ECOLOGIE MICROBIENNE ET SANTE
- IBAN: FR76 1558 9335 6107 6398 7544 332
- BIC CMBRFR2BARK
- BANK: CCM BORDEAUX CAUDERAN (FRANCE)

Please send the cheque by registered mail to: clauslabinfo@gmail.com (Dr Sandrine Claus)

