

**FRACTO FORUM INTERNATIONAL E.V.
MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

First Name:	Last Name:
Address 1:	
Address 2:	
City:	State:
Country:	ZIP Code:
Affiliation:	
Department:	
Phone:	Fax:
E-mail:	

PAYMENT OPTIONS

The membership fee for individuals is € 20,00 Euro/ year
(on a calendar year ending in December)

Direct Debit Mandate (European only):

Please use the separately downloadable SEPA form and send or fax to the below address!

Bank Transfer Information:

Amount [€]: 20,00

Fracto Forum International | IBAN: DE53 7635 0000 0060 0556 24

BIC: BYLADEM1ERH

PAYPAL (International option):

Amount [€]: 20,00

Please use the PayPal Button on Website for money transfer.

SIGNATURE

Signature of applicant:

Date:

Privacy Statement: Fracto Forum International e.V. (FFI) acknowledges and respects the privacy of its members. All information provided on this form is subjected to FFI's Privacy Policy. Please direct any enquiries you have in relation to this matter to the address below.

Send Form and Payment to:

Fracto Forum International e.V.
c/o Dr. Jose Zorzin
Zahnklinik 1
Glueckstrasse 11
91054 Erlangen
Germany
E-Mail: info@fractography.org