EFB Membership Application Form

Contact Details - *All Fields Required*

Title: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Male ☐ Female

Last Name _____ First Name _____

Position _____ Phone _____ Fax _____

E-mail _____

Organisation Name _____

Department _____

Street _____ City _____

Postcode _____ Country _____

Institutional Membership - *Annual Fee*

Company

☐ 1 - 100 employees	€1400
☐ 101 - 1000 employees	€2800
☐ 1001 - 5000 employees	€4200
☐ > 5000 employees	€5600

Institute

☐ 1 - 1000 employees	€700
☐ > 1000 employees	€1400

Premium Membership

☐ Annual fee € .....

University

☐ 1 - 1000 employees	€700
☐ 1001 - 10000 employees	€1400

Learned Society

☐ 1 - 1000 members	€700
☐ > 1000 members	€1400

Billing Information

Financial Institution _____

Billing Address _____

Postcode _____ City _____

Country _____ VAT Number _____

By signing up, I agree to receive information about the membership and EFB activities. My data will not be shared with third parties.

Date _____ Signature _____

Please return to EFB Central Office in Barcelona. Gran Vía Carlos III, 98.
Torre Norte, Planta 10. 08028 Barcelona. Spain.
Telephone: +34 93 521 1153 Email: info@efbiotechnology.org
www.efbiotechnology.org