

DACH Section of the ISMRM e.V.
Application for Membership

(Last Name/Surname)

(First name)

(Middle name)

Medical scientist/physician

(Title, academic degrees)

(Gender)

Natural scientist/engineer

(Institution/Company; if applicable: department)

(Address; preferably institute/business address)

(Address; continued)

(Postal code)

(City)

(Country)

(Phone number)

(Mobile phone number)

(Primary email address; institution/company) (Secondary email address; private)

I hereby apply for membership in the DACH Section of the ISMRM e.V. (DACH-ISMRM).

By signing this form, I confirm that I am a member of the "International Society for Magnetic Resonance in Medicine (Concord, CA, USA)" and thus apply for **full membership**. (Do not check this box if you are not a member of the ISMRM. Then you will receive **associated membership** in the DACH Section of the ISMRM e.V. Associated members have no voting rights and cannot hold office.)

Please list me as a **trainee member** with a reduced membership fee. (This status applies for full and associated members who received their doctorate **no more than 3 years ago**)
(Expected) year of doctorate (if applicable):

(Location, Date)

(Applicant's Signature)

SEPA Direct Debit Mandate

By signing this mandate form, you authorize the "DACH Section of the ISMRM e.V." to send instructions to your bank to debit the membership fee from your account, and your bank to debit your account in accordance with the instruction from DACH-ISMRM.

First and last name (bank account holder)

Street name and number

Postal code and city

IBAN

BIC

Name of bank

Note: As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

(Location, Date)

(Account holder's signature)

Sparkasse Köln Bonn
IBAN: DE32 3705 0198 0031 4321 07

BIN: 370 501 98

Account Number: 3143 2107
BIC: COLSDE33