

Membership application 2019



**SOCIÉTÉ
BIOLOGIE**
STRASBOURG

Red fields must be filled in

New membership Renewal 2019

Personnal information

Prof. Dr. Mr. Ms.

NAME

First name

**Personnal
address**

Town

Postal code

Country

Phone

E-mail

Professionnal information

Laboratory

**Professionnal
address**

Town

Postal code

Country

Phone

E-mail

p.t.o.

Contributions

Annual amount **Master student (2 €)**
 Ph.D. student (5 €)
 Post-doc fellow (10 €)
 Engineer/Researcher (20 €)

Complementary information

Would you be willing to participate to the Prix de Thèse selection ?
(Permanent researchers only)

Yes **No**

Expertise fields

Done at

Date

Signature

The annual membership runs from January the 1st to December the 31st

A tax receipt will be sent to you upon reception of the membership application and payment (contributions greater than or equal to 10 €)

This membership application should be sent with your contribution by cheque to :

**Prof. Sylvie Fournel
LCAMB
UMR 7199
Faculté de Pharmacie
74, Route du Rhin
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67401 Illkirch Cedex**

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