

# Membership application 2020



**SOCIÉTÉ  
BIOLOGIE**  
STRASBOURG

*Red fields must be filled in*

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## **New membership Renewal 2020**

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### Personnal information

**Prof.      Dr.      Mr.      Ms.**

**NAME**

**First name**

**Personnal  
address**

**Town**

**Postal code**

**Country**

**Phone**

**E-mail**

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### Professionnal information

**Laboratory**

**Professionnal  
address**

**Town**

**Postal code**

**Country**

**Phone**

**E-mail**

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*p.t.o.*

## Contributions

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

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## Complementary information

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

**Yes**      **No**

## Expertise fields

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**Done at**

**Date**

**Signature**

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**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 €)**

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**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  
B.P. 60024  
67401 Illkirch Cedex**

**tresorier@societe-biologie-strasbourg.fr**