

Application for membership in the Biointelligence Competence Center e.V.
(individuals)

I hereby apply for,

First name	
Last name	
Date of birth	
Street and no.	
Zip code / Place	
Phone	
Email	

the admission to the Biointelligence Competence Center e.V.

Annual fees (please mark with a cross):

Personal member 30 €

<input type="checkbox"/>
<input type="checkbox"/>

Student personal member 15 €

Place, date, signature

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Please send the completed and signed document as a scan to info@biointelligence-center.org.