

Send to
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c/o Forschungsinstitut Senckenberg

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e-mail:
Department:
Street, No. :
Zipcode:
City:
Country:

29.08.2006

Declaration of membership:
(First name/Surname)

I herewith declare my membership of the **Arachnologischen Gesellschaft** and I agree to abide by the current rules of society (available on the website www.AraGes.de).

I agree to have my address entered into the **register of members**.

I subscribe to the journal **Arachnologischen Mitteilungen** without become a member, starting with(Issue-No. or date).

I herewith **grant permission** for the Arachnologische Gesellschaft to direct debit my account for any due membership fees (currently regular 25 €; student 15 €) until I withdraw this permission in writing (only possible within Germany!).

Title/name: REGULAR STUDENT

Date of birth: Phone:

Fax: Homepage:

Interest/specialist area/field of research:

Bank name:

Bank number:

Account no.:

Direct debit authorization is valid until cancelled in writing.

.....
Date

.....
Signature
(under age 18, parent or legal guardian)