

EFB Membership Application Form

Contact Details - All Fields Required

Title: Dr. Prof. Mr. Mrs.

Male Female

Last Name

First Name

Position

Phone

Fax

E-mail

Organisation Name

Department

Street

City

Postcode

Country

Institutional Membership - Annual Fee

Company

1 - 100 employees €1400

101 - 1000 employees €2800

1001 - 5000 employees €4200

> 5000 employees €5600

University

1 - 1000 employees €700

1001 - 10000 employees €1400

Institute

1 - 1000 employees €700

> 1000 employees €1400

Learned Society

1 - 1000 members €700

> 1000 members €1400

Billing Information

Financial Institution

Billing Address

Postal Code

City

Country

VAT Number

I agree that my details can be used by the EFB in order to distribute relevant biotechnology material Yes No

Date _____

Signature _____

Please return to EFB Central Office in Barcelona. Parc Cientific Barcelona. Fax: +34 93 402 0434
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