

biosaxony e.V. // Declaration of accession

I hereby apply to join biosaxony e.V. as
[please check one]

Supporting member ☐

Full member ☐

Cross member ☐

I am...

- | | | |
|--|-----------------------|--|
| 1) Natural person | ☐ | |
| Student | ☐ | |
| 2) Representative of a legal person | | |
| i. Privately organized | ☐ | |
| ii. City / Municipality | ☐ | |
| iii. University / Institute / Research institute | | |
| a. University and college of higher education | ☐ | |
| b. Additive: faculty | ☐ | |
| c. Central facility | ☐ | |
| d. Affiliated institute | ☐ | |
| e. Institute of the Max-Planck- and Fraunhofer-Society | ☐ | |
| f. Institutes of the Leibniz- and Helmholtz-Society | ☐ | |
| 3) Clinic, hospital | ☐ | |
| 4) Non-profit association / local authority | ☐ | |
| 5) Foundation | ☐ | |

INSTITUTION / COMPANY:

Official name _____
 Year of foundation _____
 Number of employees _____

What is your company's industry sector? (Multiple selection possible)

Biotechnology ☐	Digital Health ☐
Health Industry ☐	Pharmaceuticals ☐
(Bio)Medical Technology ☐	Cell and Gene Therapy ☐
Clinical Studies ☐	Synthetic Biology ☐
Other: _____	

PRIMARY CONTACT:

Mr ☐ Ms ☐ Diverse ☐

Title _____
 Surname, first name _____
 Position _____
 Phone _____
 Email _____

SECONDARY CONTACT:

Mr ☐ Ms ☐ Diverse ☐

Title _____
 Surname, first name _____
 Position _____
 Phone _____
 Email _____

BILLING ADDRESS:

Name / Company _____
Contact person _____
Street, No. _____
Postcode, City _____
Address supplement _____
VAT-No.* Tax _____
Identification code** _____
Email for receiving invoices _____

DATE OF ENTRY:

☐ By submitting the application, I accept the **statues** and the **contribution regulations** as binding and undertake to comply with the regulations of the association.

Place, Date

Signature and company stamp

* Tax identification code, if no VAT-No. available

** Tax identification code // VAT-No. does not apply to natural person // students