

HCN Research e.V.
Poeler Str. 85a
D-23970 Wismar
Phone: +49 (0) 3841-46-00 13
Fax: +49 (0) 3841-46-00 14



Application for Admission

HCN Research e.V.

As of (date): -----

Company/Institution: -----

Address: -----

Representative Title: -----

First name: -----

Last name: -----

Phone: -----

Fax: -----

E-mail: -----

Information about the calculation of the admission and subscription fees (see participation rules)

Ordinary Members

- "Industrial" companies: commercial companies, the liberal professions and their respective trade organisations and associations, research and development associations
- "Education and Research" institutions: academic and research institutes independent universities, colleges, comprehensive schools, technical colleges and major research institutes and their associations
- Public institutions: Authorities, national or local institutions, public universities and colleges
- Other individuals and institutions

I (We) accept HCN Research e.V. articles of association.

Date: -----

Signature: -----

Direct Debit Authorisation

I hereby authorise, until further notice, the association "HCN Research e.V." to withdraw my subscription fee directly from my bank account.

Name _____ of _____ bank

Name _____ of _____ account holder

Bank Identifier Code _____

Account no. _____

Should my account not contain the necessary funds, the bank has no legal obligation to honour the payment.

Date: _____

Signature: _____