



# Deutsche Gesellschaft für Parasitologie e.V.

## MEMBERSHIP APPLICATION

.....  
Surname First Name Date Signature  
*BITTE IN DRUCKBUCHSTABEN*

.....  
Acad. title Subject (e.g.  
Biol./Hum.med./  
Vet.med./others) male  female

.....  
Country Date of birth (not part  
of the register of  
members) € 25  reduced € 45  regular  
annual fee \*

### Office address

### Private address

.....  
Institution (University/Company)

.....  
Street, Number

.....  
Institute

.....  
Postal Code, City

.....  
Department

.....  
Telephone and Fax

.....  
Street, Number

.....  
e-mail

.....  
Postal Code, City

The DGP-Homepage contains a register of members  
(password protected). My private address  
may be listed in this register.

yes  no

.....  
Telephone and Fax

If 'no', may DGP members get the address  
from the office? yes  no

.....  
e-mail

\* Student members have to provide a study certificate. In case of PhD students, a written confirmation of the supervisor is required, stating that the applicant does not receive full salary payment.

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