



FEDERATION OF EUROPEAN SOCIETIES OF PLANT BIOLOGY

FESPB MEMBERSHIP FORM

Please complete this Form, pay the membership fees, as indicated below, and send the Form and **the money transfer receipt, electronically or by fax or by mail** to the FESPB Treasurer:

Prof. Heinz Rennenberg
Treasurer
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LAST Name: _____

Name: _____

Title: _____

Institution: _____

Street: _____

City: _____ City-code: _____

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Herewith, I apply to become a member of FESPB at the annual personal membership fee of Euro 25,0 €/year. I have transferred the amount of 50 € for two-year subscription to the following account:

| | |
|-----------------|-------------------------------------|
| Account holder: | Prof. Dr. R. Scheibe / H. Renneberg |
| Account number: | 15 127 240 53 |
| Bank: | Sparkasse Osnabrück, Germany |
| Bank code: | 265 501 05 |
| IBAN: | DE25265501051512724053 |
| SWIFT-CODE: | NOLADE22 |
| Purpose: | FESPB membership |

I understand that I will become a member as soon as the membership fee has arrived on the account indicated above. I understand that after two years, I will renew my membership by depositing the fee without further notice.

City, Date

Signature