

FEDERATION OF EUROPEAN SOCIETIES OF PLANT BIOLOGY (FESPB)

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FESPB MEMBERSHIP FORM

Please complete this form, pay the membership fee as indicated below and send the form and the money transfer receipt by email to the FESPB Treasurer.

LAST Name:	
Name:	
Institution:	
Street:	
City-code:	
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Tel.	
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I hereby apply to become a member of FESPB at the annual personal membership fee of Euro 25,- €/year. I have transferred the amount of 50,- € for a two-year subscription to the following account:

Account holder: FESPB
Bank name: BW-Bank Stuttgart
Bank code: 600 501 01
IBAN: DE15 6005 0101 0405 3973 18
BIC/SWIFT: SOLADEST600
Purpose: FESPB personal membership fee

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 transferring the fee without further notice.

City, Date

Signature