



To  
Prof. Dr. Hartmut Prautzsch  
Karlsruher Institut für Technologie (KIT)  
Am Fasanengarten 5  
D-76131 Karlsruhe

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## Membership Application

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I wish to become a member of the Deutsche Borreliose-Gesellschaft.  
*(If you are a medical doctor or a scientist, chemist, biologists working in the area of tick-borne diseases, you are affiliated as a voting regular member. If you are a medical student, you are affiliated as a non-voting extraordinary member. Currently, the yearly membership fees for regular members are 50 € and for students 30 €.)*

I wish to become a sustaining member of the Deutsche Borreliose-Gesellschaft and will support the society by an amount of \_\_\_\_\_ Euros yearly.

*(Sustaining members paying 100 € or more per year are entitled to the same benefits as regular members. If they pay more than 1.000 €, they pay no fees at the yearly convention. Corporative members are represented by a single natural person.)*

name: \_\_\_\_\_

board certified specialist in / profession: \_\_\_\_\_

address: \_\_\_\_\_  
\_\_\_\_\_

phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Direct debiting authorization:** *Membership fees are collected by debit entry, in the first year after receipt of this statement and furtheron at the beginning of each year. This authorization can be revoked at any time.*

Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank, bank code, IBAN: \_\_\_\_\_

I agree that my personal data is stored and used exclusively for the statutory administrative purposes.

Place and day, **signature:**