SOMED MEMBERSHIP APPLICATION FORM

SOMED membership is open to all who are interested in microbial ecology and related topics from bench to clinical applications and technological aspects.

	□ Ms	□ Mr	□ Prof	□ Dr	
First name:			Surname:		
Dept/Laboratory	/Center:				
Institution/Comp	any:				
Position/Status:					
Street/P.O. Box:					
Postal code:	City:		State:	Country:	
Phone:	Fax:		E-mail:		
I authorize the in	clusion of m	y data in the SON	ЛED Membei	rship Directory as above detailed.	
Date:			Signature	Signature:	
Annual fees					
 □ Regular membership: EUR 40 (or USD 55) □ 2-years membership: Eur 80 (or USD 110) 				Corporate membership: EUR 400 (or USD 550) 2-years membership: EUR 800 (or USD 1600)	
□ Student membership: EUR 20 (or USD 25) (Please add student status certification)			_ <u>.</u>	□ Supporting membership: EUR 1000 (or USD 1350)	
Please fill in belo	w the total	fees paid and the	e correspon	ding years	
Total fees:			. Years:		
Please send your	payment to	the SOMED Trea	surer, Dr. Ko	ourkoutas Ioannis, by:	
□ Bank transfer t	PIRA	KOURKOUTAS IOANNIS PIRAEUS BANK, 227 Dimokratias St., Alexandroupolis, GR-68100, Greece			
For EUR: IBAN G	R34 0172 51	50 0055 1507 521	18 913 - BIC:	PIRBGRAA	
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