DECLARATION OF MEMBERSHIP

(please complete both pages, sign and return the originals)

Life Science Nord e.V.
Steinhöft 5
20459 Hamburg

I/we hereby apply to become a member of Life Science Nord e.V. I am/we are aware of the annual membership fee selected below and the associated benefits (see membership program).

	BASIC MEMBERSHIP *	FEE IN EUR
☐	Start-up companies in the year of foundation	Free of charge
☐	Companies with up to 9 employees	300.-
☐	Companies with 10 to 25 employees	400.-
☐	Companies with 26 to 49 employees	800.-
☐	Companies with 50 to 99 employees	1,500.-
☐	Companies with 100 to 249 employees	2,200.-
☐	Companies with 250 employees or more	2,600.-
☐	public company / institute	500.-
☐	Network, association, foreign company, etc.	on request

*The above-mentioned contributions for basic memberships are exempt from turnover tax.

	PREMIUM MEMBERSHIP ** (optional)	FEE IN EUR
☐	Silver	+ 1,250.-
☐	Gold	+ 2,000.-
☐	Platinum	+ 4,000.-

** Premium membership fees are exclusive of statutory sales tax and exclusive of the basic fee, which is exempt from turnover tax. Premium memberships are automatically extended for a further year unless they are canceled by 30.09. of the current year. Basic membership is unaffected by this.

By joining, I/we accept the regulations (see www.lifesciencenord.de) of Life Science Nord e.V

YOUR CONTACT DETAILS

Company:

Surname, first name:

Address:

Postcode/location:

Tel: Email:

Location Date Signature / company stamp

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How did you hear about Life Science Nord e.V.?

Please mark with a cross where applicable and fill in completely:

☐ please by invoice

☐ SEPA Core Direct Debit Mandate with subsequent notification of the mandate reference for recurring payments

E-mail address for sending PDF invoices:

Creditor identification number DE41ZZZ00001008225 Mandate reference:
(future membership number)

I/we authorize Life Science Nord e.V. to collect payments from my/our account by direct debit. At the same time, I/we instruct my/our bank to redeem the direct debits drawn by Life Science Nord e.V. on my/our account.

Note: I/We may request reimbursement of the amount debited within eight weeks of the date on which the amount was debited. The terms and conditions agreed with my/our bank shall apply.

YOUR BANK DATA

Account holder/payer: Street and

house number:

Zip code and town:

Credit institution (name and BIC1):

IBAN: _____ | _____ | _____ | _____ | _____ | ____

Location Date Signature / company stamp