MEMBERSHIP APPLICATION FORM

Institution/Company:

applies for the ILPS Membership:
  o Corporate Membership, annual fee € 500.-.

Represented by:

  o Mrs.  o Ms.  o Mr.
  o Prof.  o Dr.  o Other _________

Title / Position:

Family name:  First name:

Address:

Postal Code:  City/Town:

Country:  Phone:

E-Mail:

Registration number of your Institution / Company:

VAT number of your Institution / Company:

Membership is only active upon payment of the above fee. Membership fee is invoiced on an annual basis in the first quarter of each year. Membership does not expire until cancelled. See status for details.

Signature:  Date:

Please e-mail your application to:
ILPS Executive Director: Rute Azevedo | azevedo@ilps.org

International Lecithin and Phospholipid Society [ILPS] e.V.
Emil-Hoffmann-Str. 33
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Board:
Lucas Meyer [President]
Ralf Moling [Vice-President]
Marc Martin Plà [Secretary]
Gabriele Randel [Treasurer]

Society Registration: Köln VR 17920
Bank: Kreissparkasse Köln
IBAN: DE36 3705 0299 0135 2722 79
BIC: COKSDE33XXX

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