



## Application for Membership

Title\_\_\_\_\_ Family Name\_\_\_\_\_ First Name\_\_\_\_\_

Date of Birth:\_\_\_\_\_

Mail Address:\_\_\_\_\_

City/Town:\_\_\_\_\_ City Code:\_\_\_\_\_ Country:\_\_\_\_\_

Telephone:\_\_\_\_\_ Fax:\_\_\_\_\_

E-mail:\_\_\_\_\_

Personal Application

Application on behalf of an organization

Name of Organization:\_\_\_\_\_

Address of Organization:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Please submit this form to:  
Ass. Prof. Dr. Gerold Labek  
e-mail: [science@labek.at](mailto:science@labek.at)  
Mail: Tannenstrasse 41, A-4040 Linz, Austria