



## GAFÉIAS MEMBERSHIP APPLICATION FORM

Please send your completed form to GAFÉIAS [Andreas.Andiel@gafeias.org](mailto:Andreas.Andiel@gafeias.org) and receive your confirmation & member ID

### BASE DATA

Salutation: Academic Title(s):  
First name: Middle name(s):  
Last name:  
Gender: Year of birth:  
Degree, University /Year, City:  
Profession:  
Email:  
Internet:  
Phone Number:  
Mobile:  
Curriculum Vitae enclosed

### ADDRESS DATA

Corporation:  
Association:  
Institution:  
Department:  
Street:  
Zip / Postal Code, City:  
Country, State / Territory:

I acknowledge that GAFÉIAS obeys the international data protection guidelines

REFEREES [optional]: Name/s & Institution/s

### MEMBERSHIP TYPES

- |   |  |
|---|--|
| <input type="radio"/> GAFÉIAS Student membership                | € 100.-                                  |
| <input type="radio"/> GAFÉIAS Junior Start Up membership        | € 400.-                                  |
| <input type="radio"/> GAFÉIAS Patronage membership              | € 750.- (foundation, inheritance, award) |
| <input type="radio"/> GAFÉIAS Employee membership               | € 1,000.-                                |
| <input type="radio"/> GAFÉIAS Entrepreneur membership           | € 2,000.-                                |
| <input type="radio"/> GAFÉIAS Association membership            | € 10,000.-                               |
| <input type="radio"/> GAFÉIAS Corporation membership            | € 50,000.-                               |
| <input type="radio"/> GAFÉIAS Government Institution membership | € 100,000.-                              |
| <input type="radio"/> GAFÉIAS Co-Funding membership             | € 300,000.-                              |

Place, Date:

Signature:

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