

## Application for Membership

I wish to become a member of the ProFiL-Netzwerkverein zur Förderung einer exzellenz- und gleichstellungsorientierten Führungskräfteentwicklung in der Wissenschaft e.V. [*ProFiL Network Association for the Promotion of Excellence and Equal Opportunity Oriented Leadership Development in Science e.V.*] (hereinafter referred to as "ProFiL-Netzwerkverein e.V.").

Title \_\_\_\_\_

First name / last name \_\_\_\_\_

### Private Address (optional)

Street address \_\_\_\_\_

Postal code/city \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### Membership groups

- W3-/W2-Professors
- Full/Associate Professors
- Readers, Senior Lecturers
- Heads of Research Groups
- Scholars in leading positions such as research group leaders
- Executives in science management or in companies
- Self-employed/other in executive positions
- Private Lecturers
- Assistant Professors
- Junior Professors Lecturers
- Heads of Junior Research Groups
- Habilitandinnen
- Postdocs
- Architects/ others
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### Professional address

University \_\_\_\_\_

Faculty/Division \_\_\_\_\_

Department \_\_\_\_\_

Street address \_\_\_\_\_

Postal code/city \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please send all correspondence to my

Private address     Prof. address

I was / am a participant of the ProFiL-Programm in the year \_\_\_\_\_.

I hereby agree to be named as a new member in the internal communication of the association.

### Membership contribution

The contributions laid down in § V of the Contribution Rules shall be levied on January 1 of each year. In EU countries, contributions are paid exclusively by direct debit.

Please use the direct debit authorization on the next page.

## **Direct debit authorisation**

*I hereby authorize the ProFiL-Netzwerkverein e.V., subject to revocation, to collect payments from my account via SEPA Direct Debit. At the same time, I instruct my bank to execute the direct debits drawn by the ProFiL-Netzwerkverein e.V. from my account. Creditor identification number of the ProFiL-Netzwerkverein e.V.: DE44ZZ00001500640.*

*Mandate reference: Your future membership number.*

Account holder name/surname\_\_\_\_\_

Bank:\_\_\_\_\_

Bank code:\_\_\_\_\_

Account no.:\_\_\_\_\_

IBAN:\_\_\_\_\_

BIC:\_\_\_\_\_

Note: I can request a refund of the amount debited within eight weeks, starting from the date of debiting. The terms and conditions agreed with my bank shall apply.

### **For non-EU countries**

Please transfer the membership fee to the following account of the ProFiL-Netzwerkverein e.V.

Berliner Sparkasse

IBAN: DE98 1005 0000 0190 3675 80

BIC: BELADEBEXXX

Your reference number will be sent to you with the confirmation of your membership application.

\_\_\_\_\_  
Place, date / signature

### **Please return by mail or fax to:**

ProFiL-Netzwerkverein e.V. c/o Dorothea Jansen

ProFiL-Programm,

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