

MEMBERSHIP APPLICATION FORM

Institution/Company: _____

applies for the ILPS Membership:

- Corporate Membership, annual fee € 500.-.

Represented by:

Title: _____

Family name: _____

First name: _____

Address: _____

Postal Code: _____

City/Town: _____

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
D-50996 Köln (Cologne)

Board:
Lucas Meyer (President)
Ralf Moling (Vice-President)
Marc Martín Plà (Secretary)
Gabriele Randel (Treasurer)

Society Registration:
Köln VR 17920
Finance Office: Köln-Süd
Tax No. 219/5883/2831 VBZ 42

Bank: Kreissparkasse Köln
IBAN: DE36 3705 0299 0135 2722 79
BIC: COKSDE33XXX