## **Registration Form Institutional (legal) DKG membership**

	Hereby declare our acknowledgement of		eutsche Keramische Gesellschaft e.V. (DKG) under				
		<u> </u>					
	e for the first year of or rs after receipt of the D	•	be transferred by us to the following account within firmation:				
•	Bank address Beneficiary IBAN SWIFT		bank AG (DKB), D - 10919 Berlin, Germany iische Gesellschaft e. V. (DKG) 1020 1826 20				
	or						
•	Bank address Beneficiary Bank code number Account number		bank AG (DKB), D - 10919 Berlin, Germany iische Gesellschaft e. V. (DKG)				
inform	the DKG immediately ership fee group.	if circumstances ari	y belong to the contribution group (below). We will se that result in the classification in another institute, academy, etc.				
	Please note:	_	•				
	etc.	iress per member / one	membership per economically independent business establishment				
	Membership fee: 330	,00 EUR per anno					
	Company Please note: Staggered according to annual turnover before tax / one postal and billing address per member / one membership per economically independent permanent establishment in a company / subsidiary / group of companies / group etc.						
	Annua	al turnover	Membership fee				
	□ > 125	Mio. EUR	13.750,00 EUR per year				
		00.000 EUR	8.250,00 EUR per year				
	> 25.0	00.000 EUR	6.325,00 EUR per year				
	> 10.0	00.000 EUR	4.400,00 EUR per year				
	> 7.50 > 5.00	0.000 EUR	3.025,00 EUR per year				
	> 5.00	0.000 EUR	1.925,00 EUR per year				
		0.000 EUR	1.100,00 EUR per year				
	< 2.50	0.000 EUR	550,00 EUR per year				

<sup>\*</sup> Please fill out the membership form here completely!

Master data of the institution *					
Name of the institution *					
Street and house number (or P.O. Box) *					
<b>DKG contact person *</b> (Academic title, first ar	nd middle Name, surname etc.)				
elephone *	email address *				
/AT ID *	Internet address *				
Additional DKG contact person (optional)					
(For example: Technical Manager or Comme	rcial Manager)				
. Academic title, first and middle Name, surn	amo etc				
. Academic title, ilist and middle Name, sum	arrie etc.				
elephone *	email address *				
2. Academic title, first and middle Name, surna	ame etc.				
,					
elephone *	email address *				

## Areas of activity of Instuition \*

Please select at least **one field of activity** of the institution. You can specify more than one relevant area of activity

Production			Services		
	Chemical raw materials Refractories Auxiliaries and additives Carbon Machines and plants Measurement devices Furnaces and furnace technology Silicate and utility ceramics Silicate raw materials Technical ceramics	<b>y</b>	☐ Education and training ☐ Research and development ☐ Consulting ☐ Industrial services ☐ Energy ☐ Trade ☐ Sales and marketing ☐ Other services		
	erent billing address (see master da	ta)		_	
Telephone *			email address *		
Rem					
Date	: Signature	:			