

Registration Form Personal DKG membership

* Please fill out the membership form completely!

I hereby declare my accession to the Deutsche Keramische Gesellschaft e.V. (DKG) under acknowledgement of the [statutes](#)

I will transfer the fee for the first year of my membership to the following account within 14 days after receiving of the DKG registration confirmation:

- Bank address Deutsche Kreditbank AG (DKB), D - 10919 Berlin, Germany
Beneficiary Deutsche Keramische Gesellschaft e. V. (DKG)
IBAN DE85 1203 0000 1020 1826 20
SWIFT BYLADEM1001

or

- Bank address Deutsche Kreditbank AG (DKB), D - 10919 Berlin, Germany
Beneficiary Deutsche Keramische Gesellschaft e. V. (DKG)
Bank code number 120 300 00
Account number 102 018 2620

According to the [contribution rules](#) I currently belong to the following contribution group:

Please note:

- 1)** With issue of a SEPA direct debit mandate to DKG, the DKG membership fee is reduced by EUR 10,- / anno;
- 2)** I will inform the DKG if circumstances arise that result in classification in another dues group;
- 3)** For DKG members based outside Germany, a cost-covering administrative fee of EUR 10,- will be charged in addition to the membership fee for increased mailing costs of the Society's journal.

Member in management **1) 2) 3)**

Members in management positions (company owners, directors, authorized signatories, plant managers, heads of institutes, etc.)

Regular member **1) 2) 3)**

(employees, freelancers, etc.)

Retired member **1) 2) 3)**

(Proof can be requested)

Student **1) 2) 3)**

(at universities, technical colleges, academies, etc.; proof can be requested)

Master data / Home address *

Gender

- Ms.
- Mr.
- None

Academic Title

Date of Birth (01.01.2000) *

First Name *

Family name *

Street and house number (or P.O. Box) *

Postal Code *

City *

Country *

Telephone *

email address *

Business address (not obligatory)

Company/University/Institution

Department/Institute

Position

Street and house number (or P.O. Box)

Postal Code *

City *

Country *

Telephone *

email address *

To be completed by students only *

University/University of Applied Sciences/Technical School *

Department *

Course of studies/training *

Current semester or year *

I will inform DKG as soon as my studies or training are completed.

Proof of study or training *

Please include a proof of study or training as a digital photo or as a scanned document.

Further remarks

Date: Signature: