

SPHINGOLIPID CLUB

Membership Form

Last Name _____

First Name _____

Affiliation _____

Address _____

City _____ ZIP _____ Country _____

Phone _____ Email _____

Position (senior scientist, researcher, post-doc, PhD student) _____

Senior scientist (2019): 50 €

Senior scientist (2020): 50 €

Senior scientist (joint 2019-2020): 80 €

PhD Student and post-doc (2019): 30 €

PhD Student and post-doc (2020): 30 €

PhD Student and post-doc (joint 2019-2020): 50 €

Date of Payment _____

Signature _____