

MEMBERSHIP APPLICATION FORM

* mandatory items



Please fill out the form and send it to: office@oeggf.at

PERSONAL DATA

Salutation

Academic Title

First Name*

Last Name*

Professional Affiliation

POSTAL ADDRESS

Additional Address Information

Street Number*

Postal / ZIP Code*

City / Town*

Country*

Phone Number

Email Address*

URL

FIELDS OF ACTIVITY

Natural Sciences

Health and Life Sciences

Social Sciences

Human Medicine

Agricultural Sciences

Veterinary Medicine

Technical Sciences,
Engineering Sciences

Humanities and
Cultural Sciences

Development and Research
in Applied Arts

SUBJECT OF ACTIVITY (Teaching, Research, etc.) (Please enter at least one)

FOCUS OF INTEREST RELATING TO GENDER STUDIES (Horror films, Austrian history, etc.) (Please enter at least one)*

MEMBERSHIP*

Full individual membership: 50 EUR p.a.

Institutional membership (e.g. legal persons or entities,
organisations, etc.): 100 EUR p.a.

Reduced individual membership (e.g. staff
on part-time contracts): 25 EUR p.a.

Reduced individual membership (e.g. students, the
unwaged): 15 EUR p.a.

I hereby consent subscribing to the Association's
newsletter and the documentation of my personal
data in accordance with the General Data Protection
Regulation (EU) 2016/679.*

Place and date

Signature