

MEMBERSHIP APPLICATION FORM

Please fill out the form and send it to:

ÖGGF – Österreichische Gesellschaft für
Geschlechterforschung /Gender Studies Association Austria
Univ.-Doz. Dr. Maria Mesner
Campus at the University of Vienna
Spitalgasse 2-4/Court 1.11, 1090 Vienna, Austria



PERSONAL DATA

Salutation _____ Academic Title _____

First Name* _____ Last Name* _____

Professional Affiliation / s* _____

POSTAL ADDRESS

Additional Address Information _____ Street Name/ Number* _____

Postal/ ZIP Code* _____ City/Town* _____

Country* _____ Phone Number _____

Email Address* _____ URL _____

ALTERNATIVE CONTACT ADDRESS (optional)

Additional Address Information _____ Street Name/ Number* _____

Postal/ ZIP Code* _____ City/Town* _____

Country* _____

FIELDS OF ACTIVITY *

- | | | |
|---|---|---|
| <input type="checkbox"/> Natural Sciences | <input type="checkbox"/> Health and Life Sciences | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Technical Sciences, Engineering Sciences | <input type="checkbox"/> Agricultural Sciences | <input type="checkbox"/> Humanities and Cultural Sciences |
| <input type="checkbox"/> Human Medicine | <input type="checkbox"/> Veterinary Medicine | <input type="checkbox"/> Development and Research in the Applied Arts |

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

FOCUS OF INTEREST RELATING TO GENDER STUDIES (Please enter at least one focus of interest, for example: horror films, Austrian history, etc.)*

* mandatory items

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MEMBERSHIP*

- | | |
|--|--|
| <input type="checkbox"/> Full Individual Membership: 50 EUR p.a. | <input type="checkbox"/> Institutional Membership
(e.g. legal persons or entities, organisations, etc.): 100 EUR p.a. |
| <input type="checkbox"/> Reduced Individual Membership
(e.g. individuals on part-time contracts): 25 EUR p.a. | <input type="checkbox"/> Reduced Individual Membership (e.g. students, the unwaged): 15 EUR p.a. |

BANK- /ACCOUNT-DETAILS

DIRECT DEBIT AUTHORIZATION:

IBAN*

BIC*

Account Holder's Name*

- I hereby authorize the ÖGGF to withdraw payments of my membership fee from the account specified above by direct debit. This authorization is valid until further notice. This authorization allows the bank operating my account to conduct my membership payments, provided the account holds funds sufficient for such payments. There is no obligation of payment on part of the bank should the account not hold sufficient funds for said payment.

I WOULD LIKE TO GET A YEARLY INVOICE BY THE ÖGGF

Place and date

Signature