

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Natural Sciences | <input type="checkbox"/> Health and Life Sciences | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Human Medicine | <input type="checkbox"/> Agricultural Sciences | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Technical Sciences,
Engineering Sciences | <input type="checkbox"/> Humanities and
Cultural Sciences | <input type="checkbox"/> 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*

- | | |
|---|---|
| <input type="checkbox"/> Full individual membership: 65 EUR p.a. | <input type="checkbox"/> Institutional membership (e.g. legal persons or entities, organisations, etc.): 150 EUR p.a. |
| <input type="checkbox"/> Reduced individual membership (e.g. staff on part-time contracts): 30 EUR p.a. | <input type="checkbox"/> 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