



**Application for a Personal Membership**

Herewith I apply for a membership in the Gesellschaft für Operations Research e. V.

starting 01.01. .... (please fill in the year) and pay as a personal member an annual fee of currently € 100,-.

I receive "OR News" and by choice the electronic access to one of the two journals

"OR Spectrum" or "Mathematical Methods of OR"

Additionally, I subscribe to the electronic access to the journal not marked above at a price of € 60,- .

Additionally, I order the hardcopies of the journals marked above gratuitously.

Mr. Mrs.

Surname ..... First name .....

Academic degree, Title ..... Date of birth .....

**Business address**

Company / University ..... Telephone .....

Department / Institute ..... Fax .....

Street name and number .....

Postcode / City ..... Country .....

E-Mail .....

**Home address**

Street name and number ..... Telephone .....

..... Fax .....

Postcode / City ..... Country .....

E-Mail .....

I agree that my declared personally identifiable information could be stored in the EDP system of the society. The society is authorized to use the data for administrative purposes. I can advise the society at any time to correct or delete my personally identifiable information and I am entitled to obtain information about my stored data.

I am aware that the membership is without any time limit.  
 Cancellation of membership at the end of a year has to be announced.

I agree that the society can contact me for society matters. I am aware that I can revoke this permission at any time.

By signing this membership application, I hereby confirm that I have reviewed and understand the values of GOR regarding academic freedom and respectful collaboration, as published on the official GOR website, and agree to uphold these principles.

Date / Signature .....

Please send all correspondence as well as the journal(s) to my business address. to my home address.

**SEPA Direct Debit Mandate**

Creditor name and address: Gesellschaft für Operations Research e.V., Kackertstr. 7, 52072 Aachen, Germany

Creditor identifier: DE53ZZZ00000755906

Mandate reference: WE WILL INFORM YOU SEPARATELY

By signing this mandate form, you authorise (A) the creditor (name see above) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the creditor (name see above).

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Debtor name ..... IBAN of the debtor (max. 35 characters)

Debtor address .....

Street name and number .....

Postal code and city ..... BIC (8 or 11 characters)

Country .....

Location, Date (DD/MM/YYYY)

Signature(s) of the debtor