

Location, Date (DD/MM/YYYY)

Gesellschaft für Operations Research e.V. German OR Society

Kackertstr. 7, 52072 Aachen, Germany, Tel.: +49 241 80-23830, Fax: +49 241 80-6-23830

Signature(s) of the debtor

Application for a Personal Membership for Student Members with a reduced annual membership fee

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 student member an annual fee of € 20,		
I receive "OR News" and by choice the electronic access to one of the	e two journals	
"OR Spectrum" or "Mathematical Methods of OR"		
Additionally, I subscribe to the electronic access to the jou	arnal not marked above at a price of € 60,	
I am aware that a student membership is only possible until the age of A certificate of study is enclosed and has to be sent every year. The stupersonal membership. I am aware that the membership is without any end of a year has to be announced.	dent membership automatically goes into a	
Mr. Mrs.		
Surname	First name	
Address		
Street name and number	Telephone Fax	
Postcode / City	I agree that my declared personally identifiable information could be	
I agree that the society can contact me for society matters. I am aware that I can revoke this permission at any time.	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.	
By signing this membership application, I hereby confirm that I have reacademic freedom and respectful collaboration, as published on the office		
Date / Signature		
SEPA Direct Debit Creditor name and address: Gesellschaft für Operations Research e.V., Creditor identifier: DE53ZZZ000007559 Mandate reference: WE WILL INFORM	, Kackertstr. 7, 52072 Aachen, Germany 106	
By signing this mandate form, you authorise (A) the creditor (name see account and (B) your bank to debit your account in accordance with the		
As part of your rights, you are entitled to a refund from your bank und your bank. A refund must be claimed within 8 weeks starting from the	• •	
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		