



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 to the price of €50 / €75 (one/both journal(s)).

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