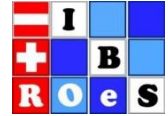


**International Biometric Society**  
**Austro-Swiss Region / Region Österreich-Schweiz (ROeS)**



Application for membership / Bewerbung um Mitgliedschaft / Requête en vue de devenir membre

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Last Name / Nachname / Nom: \_\_\_\_\_

First Name / Vorname / Prénom: \_\_\_\_\_

Title / Titel / Titre: \_\_\_\_\_

Organization / Organisation / Organisation: \_\_\_\_\_

Address / Adresse / Adresse:

\_\_\_\_\_  
\_\_\_\_\_

Telephone / Telefon / Téléphone: \_\_\_\_\_

e-mail: \_\_\_\_\_

(required for online access to journals and e-mail announcements)

**Membership category / Kategorie bei Mitgliedschaft / Catégorie de membre**

**Regular member** (EUR/CHF 75)  
voting privileges, right to hold elective office,  
online access to *JABES*, *Biometrics*, and *Biometrical Journal*

**Senior retiree member** (EUR/CHF 30)  
voting privileges, right to hold elective office,  
online access to *JABES*, *Biometrics*, and *Biometrical Journal*

*A Senior retiree member must have been a Regular member for at least 10 years and is no longer gainfully employed prior to transferring to Senior retiree member status.*

**Student member** (free membership)  
online access to *JABES* and *Biometrics*

Name of major professor (please print):

\_\_\_\_\_

**Associate member** (free membership)

applicable for IBS members of other regions, please specify region: \_\_\_\_\_

**The following options are applicable for all membership categories:**

Newsletters & announcements by e-mail       No       Yes

Signature of applicant / Unterschrift des Bewerbers / Signature du requérant

\_\_\_\_\_ Date / Datum / Date

Please send the signed application form to the ROeS treasurer:

Mr. Dominik Heinzmann      e-mail: [treasurer@ibs-roes.org](mailto:treasurer@ibs-roes.org)

***An invoice with information of payment methods will be sent to you afterwards.***