APPLICATION FOR MEMBERSHIP

Cool Silicon e. V.
c/o Silicon Saxony Management GmbH
Manfred-von-Ardenne-Ring 20
01099 Dresden

Board:
Prof. Thomas Mikolajick
Dr. Torsten Thieme

Registration Court: Dresden VR 5173

Company / Institution:

Year of Formation:

Name

No. of Employees:

Street / no:

Headquarter:

PC/ City:

State:

Phone:

E-mail:

Web:

CEO:

Phone:

E-mail:

Contact Person

Jobtitle:

Phone:

E-mail:

Payment:

The contribution is paid according to the member fee regulation. Payment via (please choose one option):

☐ Invoice ☐ Debit (Please fill in the following fields)

Account Owner:

Financial institution

BIC:

IBAN:

Date: …… Signature: ……

By signing I / we recognize the statutes and the contribution regulations of the association Cool Silicon e. V. and agree that all data are digitally processed and stored in compliance with the General Data Protection Regulation exclusively by Cool Silicon e. V. My membership can be made known to the other members in the form of membership lists.