Application for Postdoc Membership of the MArburg University Research Academy (MARA)

Title,	surname, first name	Department/institution	
E-mail address		Institute	
		Home address, street	
		Home address, postal code, city	
	I hold a doctorate and am employed at the department of Philipps-Universität Marburg mentioned above.		
I am applying for MARA membership in accordance with § 2, para.1, bullet point 3 of the MArburg University Research Academy Statutes. I declare my willingness to comply with the membership obligations laid down in the MARA Statutes (§ 3, para. 2).			
	I confirm that I have read the <u>Terms and Conditions of MARA</u> .		
	I have read the <u>Data Privacy Statement</u> published on the MARA website and accept the procedures described therein for using my personal data. I have been informed that I may revoke my permission for use of my data at any time.		
	I consent to my name being published on the <u>MArburg University Research Academy website</u> . It is up to me to determine which other information will be published about my research project.		
	I would like to receive regular information from MARA (e.g., newsletter).		
Place	, date	Signature	
Please send this form by mail or fax to			
Philipps-Universität Marburg MArburg University Research Academy (MARA) Deutschhausstr. 11+13 35032 Marburg Fax: +49 (0)6421 - 28 21398			