

VIENNA VACCINE SAFETY INITIATIVE

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VAT: 27/680/73872; Reg.Nr. VR30507B at the District Court in Charlottenburg, Berlin, Germany



The Vienna Vaccine Safety Initiative e.V.

Membership Application Form

I, _____, _____, _____
[Title] [First Name(s)] [Last name(s)]

place of residence _____
[Street Address, City, ZIP]

in _____
[Country]

Email: _____ Tel: _____

hereby formally request membership with the Vienna Vaccine Safety Initiative e.V., a non-profit organization registered in Berlin, Germany, Legal Registry Nr.

I have read and agree with the Association's Statutes dated March 31, 2011.

With respect to the annual membership fees, I would like to indicate:

- Student Status (EUR 5/year)
- Working Professional Status (EUR 20/year)
- Developing Country Status (exempt).

With kind regards,

[City] [Date]

[Signature and institutional stamp, if applicable]

THE VIENNA VACCINE SAFETY INITIATIVE (ViVi)
IS AN INTERNATIONAL SCIENTIFIC FORUM
AIMING TO PROMOTE
EVIDENCE-BASED VACCINE SAFETY
RESEARCH AND COMMUNICATION