



Application for Membership CMBB

-Student-

First name _____ *

Surname _____ *

Degree _____

Pursued degree _____

University _____ *

Discipline _____ *

Contact

Street _____ *

Postal code _____ *

City _____ *

Telephone _____ *

Mail address _____ *

I am female male divers *

Please find my CV attached.

With my signature I confirm that I took note and recognize the CMBB statutes.

* = mandatory fields

City, Date _____ *

Signature _____ *