

Application for personal membership – Group 2 (Global)



Via post or e-mail to:

Bundesvereinigung Logistik (BVL) e.V.

Schlachte 31
28195 Bremen
GERMANY

Registration also possible online via www.bvl.de/en/member

e-mail: membership@bvl.de

I hereby apply for a personal membership at the Bundesvereinigung Logistik (BVL) e.V.:

M F

Last name

First name

Title

Date of birth

Private address:

Street

Post Code/Town

Phone

Mobile

Private e-mail

Company/University address:

Company/University

Department

Sector of Industry/Institute

1-50 employees 51-250 employees 250+ employees

Street

Post Code/Town

Phone

Fax

Office e-mail

Preferred delivery address: Private Office

You have the option to pay the membership fee by bank transfer or by credit card.

More details can be found on the invoice you receive after registration.

For legal reasons, the invoice can be sent to your private address only.

Please select annual membership fee:

- Professionals: \$ 70.–
- Young Professionals (up to 30 years of age): \$ 35.–
- Students, apprentices, school students, pensioners, military service personal, job-seekers: \$ 20.–
(please enclose proof of status e.g. University Certificate, Apprenticeship Certificate)
- Guest membership*: free for a limited 24 months period
(*restricted scope of services: see www.bvl.de/en/member)

Yes, I would like to be listed in the online directory of BVL members (access for members only). Upon sending this form, I declare that I have taken note of and accepted the BVL Code of Conduct.

Yes, I would like to receive the LOG. series (included in the membership fee) as well as information on the BVL and the services it offers.

in English only

in English and German

Bundesvereinigung Logistik e.V. treats your data in confidence and will only use this data in compliance with the data protection regulations. The data you transmit to us is stored in a membership file for the purpose of membership administration and used for this purpose, and - where necessary for said purpose - passed on to commissioned service providers and cooperation partners of BVL.

Datum/Unterschrift

Membership recommended by: Last name/First name

Company/Postcode/Town