Society for Toxicological und Forensic Chemistry (GTFCh)

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Membership Application

Surname:	Titl	e•	
First name:	Dat	e of Birth:	
Accompanying this a of my professional ca		summary of the salient points	photo
Work Address:			
Institute:			
Street:		P.O. Box-N°:	
Postcode:	City:	Country:	
Telephone:.()	Fax:	
e-mail:			
The above details v	will be published in the n	nembership list.	
Private address: I allow to publish m	ny private address in the m	nembership list:	
Yes / N	o*		
Street:		P.O. Box-N°:	
Postcode:	City:	Country:	
Telephone:.()	Fax:	
e-mail:			
Correspondence add	dress*: Work address / Pri	vate address	
City	Date	Signature	
Members may be indi	vidual persons or groups. F	or membership, proof of activity i	n the field of toxicologic

Members may be individual persons or groups. For membership, proof of activity in the field of toxicological and forensic chemistry is required, or proof that the individual supports the objectives and interests of the society. Membership is attainable by technical personnel and students. Companies and institutes can become joint members (Article 3 of the GTFCh's bylaws).

^{*} Delete as applicable