



## NETWORK MEMBERSHIP REGISTRATION FORM

In order to process your registration, the following personal information will be required:

*Full name:* \_\_\_\_\_

*Email address:* \_\_\_\_\_

[optional] *academic degree:* \_\_\_\_\_

☐ I hereby consent to the processing of my personal data by SAN in the context of operating the network and the associated newsletter, excluding the option of sharing this information with any third party:

*Place & date:* \_\_\_\_\_ *Personal signature:* \_\_\_\_\_

After having filled in the form, please either send it to [florian.thuenken@uni-wuerzburg.de](mailto:florian.thuenken@uni-wuerzburg.de) or hand it in in person at Dr. Florian Thuenken's office, which can be found in room 8/O/12 in the building of the Philosophical Department in Wuerzburg's Hubland District.