

**CIMT**

Association for Cancer Immunotherapy  
Göttelmannstr. 17  
55130 Mainz  
(Germany)



## Membership Application Form

\_\_\_\_\_

Title

\_\_\_\_\_

First name

\_\_\_\_\_

Last name

\_\_\_\_\_

Street

\_\_\_\_\_

Number

\_\_\_\_\_

City

\_\_\_\_\_

PLZ / ZIP Code

\_\_\_\_\_

Country

\_\_\_\_\_

Institution

\_\_\_\_\_

Position

\_\_\_\_\_

E-Mail

*Please explain your interest in CIMT and what your main goals are in becoming a CIMT society member:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I consent to the processing of my personal data by CIMT for the purpose of membership administration. I understand and agree that The Association for Cancer Immunotherapy CIMT may store and use my name and my email address in order to send me a newsletter and other membership information. I can withdraw my consent at any time.

\_\_\_\_\_

Signature

*Please attach your scientific CV to your application and email it to: [office@cimt.eu](mailto:office@cimt.eu)*

*Your information will be passed on to the CIMT Executive Board. You will be notified after the board has reviewed your application.*

*Thank you for your interest in CIMT, its goals, principles, mission and activities!*