



REGISTRATION FORM

for membership of the

International Society for the study of Deuterocanonical and Cognate Literature (ISDCL)

(family name(s), first name(s))
---------------------------------

(academic title, position)
----------------------------

Please indicate which address is wanted as your contact address.

Professional address	Home address
(House-number, street)  (Postal code, city)  (Country)	(House-number, street)  (Postal code, city)  (Country)
Telephone number: FAX number: e-mail: Homepage:	Telephone number: FAX number: e-mail: Homepage:

I acknowledge that membership involves payment of the annual membership subscription.

Place, date

Signature

To  
**Fachbereich Bibelwissenschaft und Kirchengeschichte**  
 President of the ISDCL  
**Univ.-Prof. Dr. Renate Reif**

Universitätsplatz 1  
 A-5020 Salzburg