



REGISTRATION FORM

for membership of the

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

|                                 |
|---------------------------------|
| (family name(s), first name(s)) |
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|                            |
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| (academic title, position) |
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Please indicate which address is wanted as your contact address.

| Professional address   | Home address   |
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| (House-number, street)<br><br>(Postal code, city)<br><br>(Country) | (House-number, street)<br><br>(Postal code, city)<br><br>(Country) |
| Telephone number:<br>FAX number:<br>e-mail:<br>Homepage:           | Telephone number:<br>FAX number:<br>e-mail:<br>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 Egger-Wenzel**

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