



Deutsch-Amerikanisches Zentrum

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Membership Application Form

Name/Firm

First Name

Street/Nr.

Zip Code City

Country

Phone

Fax

Email

Membership fee per year

- Single person **51,- €**
- Family **66,- €**
- Student **26,- €**
- Corporate membership **153,- €**

Direct debit authorization

Membership dues may be transferred from

Bank

Account holder

Account number

BLZ (Bank Nr.)

Date _____

Signature _____