



# Membership Application (individual membership)

I/We want to join the Carl Schurz Deutsch-Amerikanischer Club e.V. and herewith submit my/our membership application. I/We have read and understood the Club's Articles of Association and have also understood that the Club's Board ultimately decides on membership applications and that full membership fees for one year's membership are due once my/our membership application has been approved. Membership is recurring unless cancelled at least one month prior to the end of the year.

## Membership fees

- |  |   |       |
|--|---|-------|
| 1. Full individual membership  | € | 95.00 |
| 2. Students/pupils under 30 years of age (please provide supporting documents)   | € | 40.00 |
| 3. Additional memberships in conjunction with 1 full individual membership<br>(e. g. spouse, children under 18 years of age) | € | 30.00 |
- Additional memberships enjoy the same privileges, rights and obligations as full individual memberships; however they do not receive separate correspondence or communications.

## Personal details:

.....  
Last name, first name Date of birth

.....  
Postal address (personal) Telephone no. E-Mail address

.....  
Company, position Telephone no. E-Mail address

## Additional memberships

.....  
Last name, first name Date of birth  
Postal address as stated above

.....  
Last name, first name Date of birth  
Postal address as stated above

The annual membership fees of € ..... will be paid today and in future

- by bank transfer to the Club's account at Commerzbank Bremen  
**IBAN: DE20 2904 0090 0109 9100 00 • BIC: COBADEFFXXX**
- by direct debit. Please debit the membership fees from the following account in continental Europe:

.....  
Account holder (last name, first name) IBAN

.....  
Date Signature