



Application for Membership

Title _____ First name _____

Middle name _____ Last name _____

Street and House number _____

Postal Code and City _____

Company/Organization _____

Position or job description _____

Phone _____ Fax _____

Mobile phone _____ e-mail _____

Citizenship _____ Date of birth _____

Personal reference _____ Phone number _____

Please check your desired membership with yearly dues:

- Corporate Member € 200 Additional Representative of a Corporate Member € 40
 Individual Member € 100 Spouse of an Individual Member € 40
 Junior Member (under 26) € 40

If approved for Membership, we will invoice you for the prorated portion of the remaining year.

Annual dues will be automatically invoiced prior to the beginning of each calendar year, due on January 1.

Resignations must be received in writing (via Deutsche Post) no later than six weeks before the end of a year. (v.507)

I hereby apply for membership in The American Club of Hamburg e.V. and understand that this Application for Membership is subject to approval by the Club's Executive Committee and timely payment of the annual dues.

_____ date

_____ signature