



## 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) € 25

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

Please mail application to [assistant@americanclub.de](mailto:assistant@americanclub.de)