

Membership Application

I/We hereby sign up to become a Member of the "Interessensgemeinschaft Asiatische Kultur e.V.". With my/our signature we confirm understanding and acceptance of the Rules & Regulations, as well as the Membership conditions and fees as published in their most recent edition.

Please mark your desired Membership status with an "X" please

Personal Membership		Family Membership		Partner Membership	
---------------------	--	-------------------	--	--------------------	--

First Name:	
Given Name:	
Date of Birth:	
Spouse First Name:	
Spouse Given Name:	
Spouse Date of Birth:	
Child Full Name:	
Child Date of Birth:	
Child Full Name:	
Child Date of Birth:	

Company Name:	
Street Name:	
Additional Address Information:	
ZIP Code:	
City:	
Country:	
Contact phone number	
Contact Information-Email:	

Place, Date and Signature/Company Chop