

**Application for Membership**

**Please complete this form and hand it over personally to the membership chairperson.**

**Applicant**



Name



Nationality



Date of Birth



Street, Number



ZIP Code, City



Telephone



Mobile



Email Address (the monthly program will be sent to this email address)

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| I have read the club’s constitution and by-laws and understand that, | | For use by membership chair: | |
| as a member, I will have to actively support its aims and activities. | |  |  |
| I agree to organize at least one program per year. | |  |  |
|  |  | Remark |  |
| Date | Signature | Date | Signature |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | Membership Chair: | Metropolitan Club Stuttgart e.V. | Volksbank Stuttgart | *Mitglied des Deutsch-Ameri­-* |  |
| **www.metclub.de** | Georg Mallebrein | At DAZ: Charlottenplatz 17 | IBAN DE40 6009 0100 0107 7910 05 | *kanischen Zentrums (DAZ) /* |  |
| Tel. +4915201777380 | 70173 Stuttgart | BIC VOBADESSXXX | *James-F.-Byrnes-Institut e.V.* |  |

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