



INTERNATIONAL SOCIETY

Mitglied des Deutsch-Amerikanischen Zentrums (DAZ) / James-F.-Byrnes-Institut e.V.

passport
photo

Application for Membership

For use of Membership chair:

Date:

Signature:

Last name:

First name:

Middle name:

Street:

House N°:

ZIP code:

City:

Date of birth:

Nationality:

Profession:

Telephone (home):

Telephone (mobile):

Fax (home):

Fax (work):

E-Mail (private):

E-Mail (work):

How did you learn about the Metropolitan Club?

What are your main reasons for joining the club?

I propose the following programs:

I'd like to receive the monthly program schedule by

Mail

E-mail (private)

E-mail (work)

Remarks or comments:

I have read the club's constitution and by-laws and understand that, as a member, I will have to actively support its aims and activities.

I agree to organize at least one program per year.

Date:

Signature:

Please hand over this form personally to the Membership Chairperson.