

# Membership Application Form



Please complete this form and return to:

Inga Sitzmann  
3 Emend s St,  
Brunswick  
VIC 3056 - Australia

**Name:**

**Title:**

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\_\_\_\_\_

**Address:**

**Home**

**Business**

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*Phone:*

*Fax:*

*Phone:*

*Fax:*

*E-mail:*

*E-mail:*

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**Date of Birth:**

\_\_\_\_\_

**Course/Degree**

**(University)/Profession:**

*At this point we'd like to ask for your reasons for joining the German-Australian-Network (e.g., why you are interested in the Association or whether you would like to participate actively in the organisation, e. g. with the newsletter etc):*

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***I hereby apply for membership of the "Deutsch-Australisches Netzwerk" (DeAN).***

*I will transfer/pay the annual membership fee of A\$ 20 (A\$ 15 for undergraduate students) within the next 14 days. I hereby agree that the above personal information will be used solely for the purpose of DeAN, included in the membership directory and put on an electronic database.*

Place, Date

Signature