

YES, I WANT TO BECOME A MEMBER!

CORPORATE

INDIVIDUAL

JUNIOR

TITLE:

FIRST NAME:

NAME:

BIRTHDAY:

INSTITUTION:

POSITION:

STREET ADDRESS (business/private):

ZIP / TOWN / COUNTRY:

PHONE:

EMAIL:

ANNUAL DONATION:

- 3,000 € or _____ for corporate members
 500 € for individual members
 250 € for junior members

I am an alumnus/alumna of the Aspen Leadership Seminar, date of participation: _____.

I accept the privacy policy (www.aspeninstitute.de/datenschutz) of the Aspen Institute Germany.

DATE:

SIGNATURE:

PREFERRED PAYMENT METHOD:

- I will wire my annual donation or send a check upon receipt of an invoice.
 I hereby authorize the Verein der Freunde des Aspen Instituts e.V., Friedrichstraße 60, 10117 Berlin, to deduct the annual membership dues from my bank account (EU/EFTA accounts only):

ACCOUNT HOLDER:

BANK:

IBAN:

BIC:

DATE, PLACE, SIGNATURE:

Please mail or fax your membership application including your CV to:

Verein der Freunde des Aspen Instituts, Friedrichstraße 60, 10117 Berlin, Germany
E-Mail kreutz@aspeninstitute.de, Fax +49 30 804 890 33.

The membership runs on a calendar year basis from January 1 to December 31, irrespective of the date of the application, and is renewed automatically. The membership can be terminated at the end of the calendar year with three months notice.