

**Application Form
to join the Dresden International School (DIS) Fund Raising Association**

I/We apply for membership in the DIS Fund Raising Association beginning (date):
_____ **as**

- Member with an annual membership fee of **50 €**.
- Supporting Member with an annual fee (membership and sponsoring) _____ €.
- Member (Student; Apprentice) with an annual fee of **10 €**.
(Please provide evidence!)
- Former DIS Student from _____ until _____

| | |
|---------------|------------|
| Last Name | First Name |
| Street | |
| Postal Code | City |
| Phone | Email |
| Company | |
| Date of Birth | |

- I / we authorize the Fundraising Association to debit the above-mentioned dues directly from my account.
The authorization can be withdrawn at any time.

Account holder _____
 IBAN _____
 BIC _____
 Bank _____

- I / we would like to be invoiced for the above amount.
- ✓ **I / we accept the statute and the association dues. See www.dresden-is.de**
- ✓ **I understand that my contact information will be saved by the DIS Fundraising Association and used only for its stated purposes. My contact information may be given to third parties only for DIS Fundraising Association purposes.**

City, Date

Signature/s