Application for Membership



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

Applicant

LName		
LNationality	Passport Photo	
LDate of Birth		
Profession		
Street, Number		
ZIP Code, City		
Telephone		
Email Address (the monthly program will be sent to this email address)		
Further information		
How did you hear about the MetClub?		
What are your main reasons for joining the club?		
Which MetClub events have you attended already?		

Which MetClub event(s) do you plan to organize (or have organized already)?

Remarks or comments:

Signature

	nstitution and by-laws and understand that, to actively support its aims and activities.	For use by membe	rship chair:	
I agree to organize at le	ast one program per year.	Remark		
Date	Signature	 Date	Signature	



Membership Chair: Martin Moser Tel. 0711 . 8895871 Metropolitan Club Stuttgart e.V. Postfach 10 32 03 | 70028 Stuttgart info@metclub.de Volksbank Stuttgart IBAN DE40 6009 0100 0107 7910 05 BIC VOBADESSXXX Mitglied des Deutsch-Amerikanischen Zentrums (DAZ) / James-F.-Byrnes-Institut e.V.