

Date: 02/01/2020

## **Membership Application**

Last Name, First Name	
Profession	Graduating Year
or	
Name of Institution (and its Representative(s))	
Address:	
Street	
Zipcode, City	
Phone E-I	Mail
O Student/Unemployed O Employed O Institution	
For students and unemployed members we suggest a member fee members at least 24€ per year and for institutions at least 50€ per year their fee no later than four weeks after being admitted to the ASLAA until January 15th of each year.	ar. Members are expected to pay
I would like to pay a yearly member fee of€.	
I would like to pay an admission donation of $\_\$ .	
I accept the statute of the association. Once the board of director membership will be valid. Personal data collected through this applications business interactions will be saved by the ASLAA e.V. in accordance will Data Protection Act. (§§ 28, 33 BDSG)	cation form or gained as part of

**E-Mail:** asl.alumniassociation@gmail.com

Registered with the Leipzig County Court, VR 6418