Please send the completed form to

Digitale Kultur

www.digitalekultur.org

Digitale Kultur e.V.
c/o Stefan Keßeler
Christinastrasse 82
50733 Köln
Germany

Membership Number (do not fill))

Membership Application

I hereby apply for a membership with „Digitale Kultur e.V.“ as

- ❑ Benefactorial Member

Name *	Surname *	Date of Birth *
Street *		Number *
Areacode *	City *	Country *
E-Mail	Phone	

I would like to recieve invitations to the general meeting by ❑ E-Mail or ❑ Mail.

I am informed about the articles of association. I relate to the objectives and tasks of the association. The amount of the membership fee is set by the general meeting. Membership is only valid after approval of the executive committee.

Date, Place *	Signature * (Legal guardian if applcant is under 18.)

Please fill out all fields in **captial letters** and **readable** writing.
All fields marked * are **mandatory**. Without these fields the application cannot be processed.