

I would like to become a member of



Name(s)

Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

Birthdate(s)

Occupation(s)

Employer(s)

Sponsor

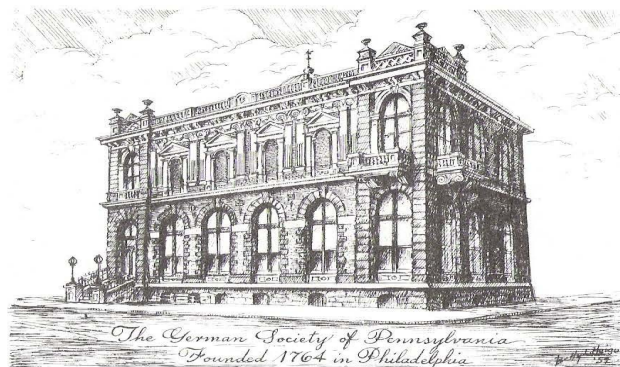
How did you hear about the German Society?

Signature

Date

Email (will be added to our mailing list)

- \$30 Associate
  - \$60 Individual
  - \$100 Household
  - \$150 Sponsor
  - \$300 Corporate
  - \$1,000 Benefactor\*
- \*Lifetime Membership



Payment:

- Cash
- Check      Check Number \_\_\_\_\_
- Visa \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_
- Mastercard \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_