



Admission request

for single/ family-membership

I request single membership

I request family-membership

at the Austro-American Society

Membership fee per year: € 21 / single membership

Membership fee per year: € 25 / family-membership



Ms. / Mr. _____

Date of birth _____

Address _____

Phone/Fax _____

E-Mail _____

Please issue additional membership-cards for:
(Only for family-membership!)

Name, date of birth

Name, date of birth

Name, date of birth

Name, date of birth

Date

Signature
