



Membership Form

Academics for Peace - Germany
Wissenschaftler*innen für Frieden - Deutschland e.V.
Ahornstrasse 5, 10787, Berlin

I hereby apply to become a member of the association Academics for Peace - Germany as of _____ (date).

Name - Surname

Date of Birth

Address

Postal Code / Town

Phone number

E-mail address

References (Should be members of the association)

Name-Surname

Phone Number

Monthly Contribution: (Please specify the amount) _____ €

The recommended amount is 50 € for the members with a fixed income and 5 € for the members with a low income.

Place

Date

Signature

This section can only be filled by the members of the board.
