



GERMAN-AMERICAN MEN'S CLUB OF MIDDLE FRANCONIA

Application for Membership

Title/Rank _____

Last Name _____

First Name, Middle Name _____

Birthday: Day/Month/Year _____

Street/House Number _____

Zip Code/City or Town _____

Occupation/Profession _____

Citizenship _____

Area Code/ Home Telephone _____

Area Code/ Business Telephone _____

Area Code/ Mobile Phone _____

E-mail Address _____

Recommended by Club Member _____

The annual subscription is 20 Euro for singles and 40 Euro for couples.
With your signature you agree to the Constitution of the GAMC.

Describe any contributions you can make to enhance the attraction of our Club.

Applicant's Signature _____ Date: _____

Sponsor's Signature _____ Date: _____