

Membership Application

We are happy to see that you would like to join the AIRLINK e.V. association. Please completely fill the form and send it either to our administrative office or scanned via e-mail to airlink@wit-wildau.de.

Personal Data:

Title: _____ Academic Title: _____

Name: _____ Surname: _____

Company: _____

Street: _____

Postal Code: _____ City: _____

Country: _____

Employer: _____ Position: _____

Birthdate: _____

E-mail: _____ Internet: _____

Telephone: _____ Telefax: _____

Mobile: _____

Type of Membership (optionally)

- Graduate / Full Membership (50 € p.a.) Sponsoring Member (min. 100 € p.a. or comparable non-cash benefit / cost coverage)
- WIT-Student / Student Member – please present valid certificate of enrolment
(1st year of study 0 €, 2nd year and following years of study until graduation 25 € each year)

Studies

WIT Study & Year _____

Start: _____ End: _____

Degree: _____

AIRLINK e.V.
c/o Wildau Institute of Technology
Hochschulring 1 1
15745 Wildau

<http://www.wit-wildau.de/airlink>

I would like to pay the annual fee as follows (please choose):

- per PayPal payment in favour of airlink@wit-wildau.de until latest January 15th of the respective year or
- per bank transfer to the associations bank account IBAN: DE49 8306 5408 0004 9610 05 und BIC: GENODEF1SLR until latest January 15th of the respective year or
- per direct debit on January 15th of the respective year (please grant direct debit authorization).

Hereby I authorize the association AIRLINK e.V. to deduct from my bank account the annual membership fee:

Account Holders Name: _____

IBAN: _____

BIC: _____

Bank Name: _____

Place, Date: _____ Signature: _____