

DAAD Alumni Association of the U.S.A. Membership Form 2017

Name: _____ Today's Date: _____

We are able to accept check payments and online payments (by credit card or Paypal account). If you wish to join/renew membership or contribute to the scholarship fund online, you may do so at the following Internet address: <https://www.daad.org/alumni-usa/>. **Please return this form in all cases, even if you have used the website to submit your contribution.**

I wish to **join/renew membership to the DAAD Alumni Association** at the following level.
Contribution is designated in part for programs and in part for the scholarship restricted fund.

Regular member \$50 \$75 \$100 Student/Retired \$15

Life Member \$500 Corporate Membership \$1000

I am joining for the first time (new member) Yes

I wish to **contribute to the Hubertus Scheibe Memorial Scholarship Restricted Fund** at the following level. *This contribution is designated entirely for the scholarship fund.*

\$10 \$25 \$50 \$75 \$100 \$200 Other _____

My contribution is in memory of _____

Payment Method

Check Attached I submitted my payment online

Contributions are tax-deductible to the extent permitted by law. Please make checks payable to **DAAD Alumni Association, Inc.** and mail it, along with this form, to:

DAAD Alumni Association Inc, c/o DAAD, 871 UN Plaza, New York, NY 10017.

CONTACT INFORMATION*

** We will not share your contact information any third parties, but will be in touch with you occasionally about events in your area or information we think you will find of interest.*

Name: _____

Address: _____

Telephone Number: _____ Email: _____

PERSONAL INFORMATION

Please tell us about yourself below or use the back of the paper.

Calendar year(s) you studied in Germany _____ Location(s) _____

Academic Field(s) _____

Name of DAAD Grant (RISE, Research Grant, etc.) _____

Current Occupation _____

THANK YOU!