

Membership Application

EULISP-Alumni Deutschland e.V. (EAD)

c/o Lina Josephine Ganseforth
Lange-Hop-Str. 19
30559 Hannover



The gray / bold fields are mandatory for admission as a member of Alumni-Membership. Details in white fields are optional.

Personal Data:

<input type="radio"/> Ms. <input type="radio"/> Mr.	
Name:	Surname:
Title: <input type="radio"/> _____	
Date of Birth:	
Type of Membership: <input type="radio"/> Graduate, EULISP _____ <input type="radio"/> Student (current ____ semester) <input type="radio"/> Faculty member <input type="radio"/> Other: _____	

Areas of legal interest:

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Topic of Master-Thesis: (for EULISP-students)

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Semester abroad in: (for EULISP-students)

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Address:

Typ: private business place of study

Street:	
Zip Code:	City:
Country:	
E-Mail:	
Telephone:	

Further Address:

Typ: private business place of study

Street:	
Zip code:	City:
Country:	
E-Mail:	

(Continue on other side!)

