



English Theatre Leipzig e.V.  
Lützner Str. 29, 04177 Leipzig  
GERMANY

## MEMBERSHIP APPLICATION FORM

Name:

*Name:*

Date of birth:

*Geburtsdatum:*

Phone:

*Telefon:*

Address:

*Adresse:*

City:

*Stadt:*

Postal Code:

*PLZ:*

Email address:

*E-Mail-Adresse:*

### DECLARATION

I confirm that I have read and understood the articles of association (Vereinssatzung) and that I agree to abide by them.

*Hiermit bestätige ich, dass ich die Vereinssatzung gelesen, verstanden und angenommen habe.*

Signature of applicant:

*Unterschrift des Antragstellers:*

Place:

*Ort:*

Date:

*Datum:*

### MEMBERSHIP APPROVAL

Membership application:

Approved

Not approved:

Reason(s):

Date:

Mitgliederversammlung ratification:

Ratified

Not ratified

Reason(s):

Date: