



Astronomische Gesellschaft
German Astronomical Society

Please send the application to the treasurer:

Prof. Thomas W. Kraupe
Planetarium Hamburg
Linnering 1 (Stadtspark)
22299 Hamburg
Germany

Email: rendant@astronomische-gesellschaft.de

Application for Membership

I hereby apply for membership in the German Astronomical Society (AG).

Surname	First Name	Academic Title/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	
<input type="text"/>	<input type="text"/>	

Home Address

Street, Number	Postal Code, City
<input type="text"/>	<input type="text"/>
Telephone Number	Email
<input type="text"/>	<input type="text"/>

Office Address

Institute	
<input type="text"/>	
Street, Number	Postal Code, City
<input type="text"/>	<input type="text"/>
Telephone Number	Email
<input type="text"/>	<input type="text"/>

Please, use my office address / home address for correspondence.

I obligate myself to pay the membership fee specified in the statutes. Currently, the annual fees are 75 € (regular), 60 € (reduced for DPG or DGG members), 50 € (reduced for retired persons), and 30 € (reduced for students or person with low income), respectively.

I apply for a reduced membership fee as a

DPG member DGG member Retired person Student or person with low income

I will inform the AG about any changes of my status checked above.

I agree that my membership in the AG will be extended to a **membership in the European Astronomical Society (EAS) free of charge**. I agree that the AG will submit the following information to the EAS for this purpose: First name, surname, email address, institute name, and country of residence. I am entitled to revoke my membership in the EAS at any time.

I have read and agree to the data protection declaration of the AG (<http://www.astronomische-gesellschaft.de/de/datenschutz>). I have been informed that my data will be stored and used by the AG for administrative purposes and for fulfilling the statutory purposes of the AG only.

Location, Date, and Signature (Application for Membership)



The following members have recommended that I be admitted to the AG (§8, section 2 of the statutes):

	Name in block letters	Signature
Reference 1	<input type="text"/>	<input type="text"/>
Reference 2	<input type="text"/>	<input type="text"/>

SEPA Direct Debit Mandate for recurrent payments

Creditor Identifier: DE73ZZZ00001246657

Mandate Reference: my Membership Number

By signing this mandate form, I authorize the German Astronomical Society (AG) to send instructions to my bank to debit my account in accordance with the instructions from the creditor.

As part of my rights, I am entitled to a refund from my bank under the terms and conditions I agreed upon with my bank. A refund must be claimed within eight weeks starting on the date on which my account was debited.

Name of Debtor <input type="text"/>	First Name <input type="text"/>
Street, Number <input type="text"/>	Postal Code, City <input type="text"/>
Country <input type="text"/>	Membership Number (to be filled later) <input type="text"/>
IBAN <input type="text"/>	BIC <input type="text"/>

Location, Date, and Signature (for SEPA Direct Debit Mandate)

