

Membership Form

Hereby I apply for the membership of Pak-German Council for Culture and Democracy.

Name: _____

First Name: _____

Address: _____

Date of Birth: _____

Profession: _____

Tel.: _____

Fax: _____

Mobile: _____

E-Mail: _____

Web: _____

Membership Fee: 100 € / Year

Students/ Trainees: 50 € / Year

Signature of Applicant:

Application accepted (Membership Granted) JA Nein

Signature of President: