

German Australian Business Council e. V. INDIVIDUAL MEMBERSHIP APPLICATION FORM

(Please fax completed form to +49 (0)69 7191 8844)

Applicant 1	
Surname:	Mr/ Mrs/ Miss/ Ms/ Dr
Given Name:	Nationality:
Company/Org.:	
Position:	Industry Category No (see attachment*):
Brief Business Description:	
Address:	
Postcode:	Town/City: Country:
Tel. No:	Mobile: Fax:
Email:	Website:
Applicant 2 (Sp	ouse / Partner)
Surname:	Mr/ Mrs/ Miss/ Ms/ Dr
Given Name:	Nationality:
Company/Org.:	
Position:	Industry Category No (see attachment*):
Brief Business Description:	
Address:	
Postcode:	Town/City: Country:
Tel. No:	Mobile: Fax:
Email:	Website:



Rules and Data Protection

I/We hereby apply to become a member of German Australian Business Council e.V.. I/We have read the Articles of Association of German Australian Business Council e.V. and agree to be bound by their terms as a member.

I/We agree that my/our name(s), contact details, position(s) and company details as provided in this form or amended via email, fax or post to German Australian Business Council e.V. (GABC) from time to time may be published in an electronic and / or paper-form GABC Directory, which will be solely available to GABC members and staff. I/We further agree that photographs of me/us taken at GABC events may appear in GABC publications (e.g. newsletter) and/or on the GABC internet site.

[Should you not	agree to publication, please cr	oss out this paragraph.	l				
☐ I/ We agree to receive the GABC newsletter by email and/ or fax. [Please tick if you wish to receive our newsletter providing useful information on GABC's activities and events.]							
GABC will not provide your contact details to third parties other than GABC members or staff, without your express permission.							
Signature:		Signature:		Date:			
Applicant 1:		Applicant 2 (Spous	se Partner)				
Membership F	ee						
The Individual Membership fee is € 75.00 per calendar year. The additional fee for the full membership of a spouse or partner of the Individual Member is € 25.00. The total Individual Membership plus Partner fee is therefore € 100.00.							
Please invoic	ce me.						
when due fro at any time b	ree that German Australian I om my account via direct debit y contacting German Australi s appropriate.]	t (Einzugsermächtigung	g). I may withdraw t	this agreement			
My account de	etails are:						
Full Name:							
Account No:		BLZ:					
Bank:							
Signature:			Date:				
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ATTACHMENT - Industry Categories*

1	Accounting	15	Insurance
2	Advertising / PR	16	Legal
3	Agriculture	17	Manufacturing
4	Banking (excl. Merchant Banking & Finance)	18	Mining & Mineral Treatment
5	Building and Construction	19	Printing & Publishing
6	Chemical & Plastics (incl. cosmetics and	20	Property – Selling / Management
	pharmaceuticals)		
7	Communications	21	Public Services
8	Computer Services	22	Removalists
9	Consultants	23	Stockbrokers
10	Employment Agencies	24	Retailing
11	Energy (oil, gas, coal, solar, wind, nuclear)	25	Textiles, Clothing & Footwear
12	Export / Import / Commerce	26	Transport
13	Finance (incl. Merchant Banking)	27	Travel & Tourism
14	Food & Beverages (production, processing,	28	Other Products & Services (please specify in
	distribution)		the application form)

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