



Deutsches Haus
 1023 Ridgewood Dr
 Metairie, LA 70001-6135
 504-522-8014

info@deutscheshaus.org | <http://www.deutscheshaus.org>



APPLICATION FOR MEMBERSHIP

(PLEASE PRINT ALL INFORMATION)

REQUIRED INFORMATION

Title: Mr . Mrs. Ms. Miss Other _____ Date: _____

Name: _____

Address: _____
 (Street)

(City/State)

(Zip Code + 4)

Phone with Area Code (One number is required):

Home _____ Cell _____ Work _____

E-mail Address: _____

Date of Birth (Month/Day/Year): _____

Why do you want to join Deutsches Haus: _____

Optional Information

Employer: _____

Occupation: _____

Marital Status (Please check): Single Married Divorced Widowed

IF MARRIED: Date (Month/Day/Year): _____ Spouse Employed: Yes No

Spouse's Name _____

Employer: _____ Occupation: _____

CHILDREN (Names/ages of those under 15):

Do you speak German? Yes No

Would you like to learn: Yes No

Do you play a musical instrument? No Yes, a _____

List the charitable or social organizations to which you belong:

I and/or a family member are interested in being contacted regarding membership in:

- Sängerchor* (Men's Choir) Ladies Auxiliary
- Damenchor* (Ladies' Choir) Schlaraffia (German Speaking – by invitation)

Deutsches Haus holds a number of festivals, parties, and weekend work related functions during the calendar year. Please check (✓) those functions for which you would like to volunteer time:

- Painting Food Service Bar Tending Decorating
- Carpentry Cooking Festivals Clean Up
- Electrical Grounds Maintenance Event Setup
- Other, please specify: _____

APPLICATION FOR:

- Associate Member (No voting privileges; eligible to apply for stock one year from date of membership acceptance by the Board of Directors; **\$100.00**)
- Associate Benefactor/Life Member (No voting privileges; eligible to apply for stock one year from date of membership acceptance by the Board of Directors; **\$1000.00**)
- Student Associate Member (No voting privileges or time earned to purchase stock; Full time student under age 27; **\$25.00**)
- Junior Associate Member (No voting privileges or time earned to purchase stock; Under age 18; **\$25.00**)

Payment Info: Amount \$ _____ Check # _____ Dated _____ | Cash

Credit Card: Number _____ Exp Date _____

If accepted, I agree to abide by the **Deutsches Haus Charter and Bylaws.**

(Signature of Applicant)

FOR OFFICIAL USE | RECOMMENDED BY:

(Signature)

(Printed name)

Board of Directors Action: Accepted Rejected _____
(Date)

(Signature of Membership Committee Chair or Board Secretary)