



Deutsches Haus
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 New Orleans, LA 70119
 504-522-8014

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<http://www.deutscheshaus.org>



APPLICATION FOR LIFE MEMBERSHIP

Please enroll me as a Life Member of Deutsches Haus.

I agree to pay \$1000.00, payable as follows:

- Single Payment 2 Payments of \$500

All payments must be completed within one year of applications.

Date: _____

Title: Mr. Mrs. Ms. Other _____

Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip+4: _____

Mailing Address: _____ City: _____ State: _____ Zip+4: _____

Same as Home

Cell: () _____ Home: () _____ Work: () _____

Personal email: _____ Business email: _____

 (Signature)

Payment Info: Amount \$ 10.00		<input type="checkbox"/> Check # _____	Dated _____		<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card: Number _____	Exp Date _____	Security Code _____			