



Deutsches Haus
 1700 Moss St.
 New Orleans, LA 70119
 504-522-8014

membership@deutscheshaus.org
<http://www.deutscheshaus.org>



APPLICATION FOR STOCKHOLDER MEMBERSHIP

(PLEASE PRINT ALL INFORMATION)

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: _____

CERTIFICATION

I have been an Associate Member for a minimum of one (1) calendar year and my dues are up to date.
 I have attached the required **\$10.00** fee for one (1) share of stock in Deutsches Haus.
 If accepted, I agree to abide by the Deutsches Haus **Charter** and **Bylaws**.

 (Signature of Associate Member)

Payment Info: Amount \$ 10.00 Check # _____ Dated _____ | Cash

Credit Card: Number _____ Exp Date _____ Security Code _____

FOR OFFICIAL USE

 (Signature of Membership Committee Chair or Board Secretary)