



EGYPT & AUSTRIA
MEMBERSHIP APPLICATION FORM

I/We hereby apply for a membership of the *Egypt & Austria* society.

First Name:

Surname:

Institution:

Address:

Email:

Phone:

Fax:

- ☐ € 25 Individual membership
☐ € 11 Student membership
☐ € 35 Joint membership (please insert both names)*

- ☐ € 55 Sponsoring membership
☐ € 11 Präsenz-, Zivildienst

*: for 2 persons sharing the same address

Membership is per calendar year. Payments may be made to the bank account:

Erste Bank

IBAN: AT772011129267209900

BIC: GIBAATWWXXX

Place, Date

Signature

Please return the completed form to:
Egypt & Austria
c/o Heiligenstädterstraße 6/13, 1090 Vienna, Austria