



# INTERNATIONALES THEATERINSTITUT

Zentrum Deutschland

## We will become corporative member!

We are,

Name of the institution: .....

will be represented by: .....

Occupation/profession: .....

(Please select the name to be mentioned on the international ITI card.)

Street/house no.: .....

Postcode/place of residence: .....

E-mail: .....

Telephone: .....

apply for membership in the Federal Republic of Germany Centre of the International Theatre Institute e.V. (ITI) and with my signature I accept its statutes as binding.

Place, date, signature: .....

Our annual membership fee according to the decision of the board and the CEO of ITI is as follows:

,00 EURO

Below, you will find the SEPA Direct Debit Mandate. **Please send this and a short summary about your institution (max. 1 page) to:**

ITI Germany, Mariannenplatz 2, 10997 Berlin or [info@iti-germany.de](mailto:info@iti-germany.de)

I agree to the storage, transmission, and processing of personal data for association purposes, in accordance with the provisions of the Data Protection Act. I have the right to obtain information about this data from the ITI at any time. I agree to the use of pictures exclusively in connection with activities of the association.

