



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

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.

