Vancouver Alpen Club

Deutsches Haus

4875 Victoria Drive – Vancouver, B.C. V5N4P3

Mitgliedsaufnahmeantrag – Application for Membership

Bitte in Blockschrift ausfüllen – Capital Letters please

Mr. Mrs. Miss	**Surname**	**First Name**	**Place of Birth**	**Date of Birth** dd/mm/yy	**I can speak german**		
					No	Yes, perfect	Yes, some

Address No. Street City Postal Code

Occupation Tel - Res Cell

Email Members of a Sub-group

Single Membership: ☐ Family Membership: ☐

Referred by Date (dd/mm/yy) Signature

This section is for internal use only:

Approved by Board:					***Membership Meeting:***		***Office:***			
Member Applicant	*Date (dd/mm/yy)*	*Signature of Board Member*	*Associate Member*	*Full Member*	*Date of joined (dd/mm/yyyy)*	*Initials*	*Member -ship Fee*	*Pay ed*	*Member -ship Card issued*	*Date of Payment (dd/mm/yy)*

Notes: