

**MEMBERSHIP APPLICATION**

[x]  **Yes, I would like to become a member of alumni UNI graz**

*CONTACT DETAILS*

|  |  |
| --- | --- |
| Academic title |       |
| Firstname\* |       |
| Surname\* |       |
| Date of birth\* |       |
| Nationality\* |       |

|  |  |
| --- | --- |
| Email address\* |       |
| Telephone number |       |

|  |  |
| --- | --- |
| Street\* |       |
| Zip Code\* |       |
| City\* |       |
| Country\* |       |

*MAJOR*

|  |  |
| --- | --- |
| Name\* |       |
| Start |       |
| End\* |       |

|  |  |
| --- | --- |
| Requested membership\* | Wählen Sie ein Element aus. |
| Nature of membership\* | Wählen Sie ein Element aus. |

**Date\*, Signature\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your data will be treated confidentially and not be passed on to a third party. Please ensure that you complete all fields marked with a \*.
Please forward this membership application via email to alumni@uni-graz.at or via Fax to ++43 316/380 - 9175