

**MEMBERSHIP APPLICATION**

**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](mailto:alumni@uni-graz.at) or via Fax to ++43 316/380 - 9175