



MEMBERSHIP APPLICATION

IMPORTANT:

1. Please make sure that your LEFA is forwarded to a valid email address at HBS (<http://alumni.hbs.edu/lefa>) to receive our confirmation, other correspondence and our club's newsletters with information about e.g. events.
2. Please fill in at least all fields marked with a star (*).
 HBS LEFA is a requirement for your identification, as well as for the use of various services.

HBS LEFA: * _____ Degree/Program: * _____ Section: _____
 Year of your degree: * _____ Class: _____

Home

Title: _____
 Last name: * _____
 First name: * _____
 Name affix (Jr., II., etc.): _____
 Street, No.: _____
 ZIP code: _____
 City: _____
 Country, (State): _____
 Phone: _____
 Telefax: _____
 Email: _____

Office

Company name: _____
 Position: _____
 Department: _____
 Industry: _____
 Street, No.: _____
 ZIP code: _____
 City: _____
 Country, (State): _____
 Phone: _____
 Telefax: _____
 Email: _____

I agree with the publication of the above transmitted personal data in the Alumni Directory of the HBS Association of Germany e.V. and in others maintained by HBS. – I accept that all of my data is used or managed also outside of Germany and of this club's zones of influence, being subject to thereby related law and policies, e.g. of HBS and auxiliary partners. – I can ask the club for details about my data and data handling and revoke my agreement with effect for the future at any time. (Most of all services depend on your agreement! Please check the box.) – Notes/reservations: _____

X Date: _____

X Signature: _____

MEMBERSHIP FEE

Until canceled, I will contribute with a membership fee of _____ Euro per calendar year (€ 100,- is what most of our members are paying, qualifying for a "Full Membership" with no limitation of services or discounts).

Last name: _____ First name: _____

X City, Date: _____ X Signature: _____

SEPA DIRECT DEBITING MANDATE

Until canceled, I authorize Harvard Business School Association of Germany e.V. to debit my bank account for the amount of _____ Euro one-time immediately and for each further year recurringly on October 1st (retroactively for each further started calendar year of membership).

Name of the account owner: _____

Name and city of the bank: _____

IBAN: _____

BIC: _____

X City, Date: _____ X Signature: _____

Please send your readably completed application form as a .pdf file to

join@hbsgermany.de

Harvard Business School Association of Germany e.V.

We will send confirmation and your personal access data to your HBS LEFA.

Thank you!