

Declaration of Membership

I herewith join the Verein "Freunde der Sommerhochschule der Universität Wien" (Association "Friends of the Sommerhochschule of the University of Vienna") as:

full member (annual member fee € 25)

supporting member (annual member fee € 1,500)

Title/Position:

First Name:

Surname:

Date of Birth:

Sex:

Female

Male

Institution (if applicable):

Address:

Phone:

Fax:

Email:

Date:

Signature:

Please send, email, or fax the completed and signed form to:
Sommerhochschule
Attn. Nina Gruber
University Campus
Alser Str. 4/Hof 1/Tuer 1.16
1090 Vienna
Austria

Sommerhochschule@univie.ac.at