

IDZ INTERNATIONAL DESIGN CENTER BERLIN MEMBERSHIP

I/we would like to join the International Design Center Berlin e.V. and herewith apply for:

→ CORPORATE MEMBERSHIP

organization name	<input type="text"/>	
address	<input type="text"/>	
post code & city	<input type="text"/>	
phone fax	<input type="text"/>	<input type="text"/>
email web	<input type="text"/>	<input type="text"/>
size	<input type="checkbox"/> organization up to 3 employees annual membership fee 375 €	
	<input type="checkbox"/> organization up to 10 employees annual membership fee 750 €	
	<input type="checkbox"/> organization 11 employees and more annual membership fee 1,500 €	
	<input type="checkbox"/> organization 100 employees and more annual membership fee 3,000 €	
contact person	<input type="text"/>	
position	<input type="text"/>	
phone no. + ext.	<input type="text"/>	
email	<input type="text"/>	

The membership fee in the amount of _____ € for the year 20____ was paid into the following account:

bank: Berliner Sparkasse	IBAN: DE 52 100 500 00 181 3055 218
account no.: 181 30 55 218	BIC: BELADEVB33XXX
bank routing no.: 100 500 00	

city | date

signature

Please send to:

IDZ Berlin e.V. | Reinhardtstr. 52 | 10117 Berlin

T +49 (0)30 280 95 111 | F +49 (0)30 280 95 112 | E idz@idz.de

