

I / we would like to join the IDZ and hereby apply for  
**CORPORATE MEMBERSHIP**

Organization name

Address

Post code & city

Phone | Fax

Email | Web

Size of organization	Up to 3 employees   Annual membership fee € 375
	Up to 10 employees   Annual membership fee € 750
	11 employees or more   Annual membership fee € 1,500
	100 employees or more   Annual membership fee € 3,000

Contact person\*

Position

Phone | Mobile phone

Email

*\*Please feel free to register additional contact persons separately.*

Remarks

**IDZ**  
**International Design Center**  
**Berlin**

Hagelberger Str. 52  
10965 Berlin

T +49 (0)30 61 62 321 - 0 | F -19  
idz@idz.de | www.idz.de

Chairman:  
Prof. Karsten Henze

Vice Chairwoman:  
Prof. Pelin Celik

Directors:  
Jutta Brinkschulte  
Ingrid Krauß  
Ake Rudolf

Amtsgericht Charlottenburg  
VR 4034 B

I have read and agree to the statutes. I will pay the due membership fee after receipt of the invoice.

City | Date

Signature

*Please send to the address provided.*

*The membership has an initial term of one calendar year and will be extended for a further calendar year unless its terminated three month prior to the end of the year.*

