

I/we would like to join the IDZ and hereby apply for membership

Company

Street & Hausenumber

Postal Code & City

Phone

E-Mail | Website

**Membership Type**

Companies/Agencies	1-3 employees   375 €/year
	4-10 employees   750 €/year
	11-100 employees   1500 €/year
	More than 100 employees   3000 €/year
Individuals	Student   50 €/year
	Individual Membership   150 €/year

Contact Person

Role

Phone | Mobile

E-Mail

**International Design Center  
Berlin (IDZ)**

Hagelberger Straße 52  
10965 Berlin

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

Chairman of the Board:  
Prof. Karsten Henze

Vice Chairwoman of the Board:  
Prof. Pelin Celik

Directors:  
Ingrid Krauß  
Ake Rudolf

Registry Number:  
Amtsgericht Charlottenburg  
VR 4034 B

*\*Please share more contacts with us on the following page.*

I/we have read and accept the statutes. I will pay the due membership fee after receipt of the invoice.

Place | Date

(digital) Signature

- Please send the signed form by e-mail to: [idz@idz.de](mailto:idz@idz.de)
- 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.



## Contact Persons (companies/agencies only)

Please share your internal roles to ensure efficient communication and member integration.

### **Design Leads** | *for key topics, goals and opportunities to participate in IDZ activities*

Contact Person

Role

E-Mail

### **Communication/ PR** | *for spreading your news to our network*

Contact Person

Role

E-Mail

### **Team Leads/ Multipliers** | *for spreading the word about opportunities to take part in*

Contact Person

Role

E-Mail

### **Accounting** | *for membership invoicing & fees*

Contact Person

E-Mail

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