



NEW MEMBER APPLICATION

Date _____

German American National Congress (Deutsch-Amerikanischer National Kongress)

D
A
N
K

Last Name _____			First _____	Middle _____	Email Address _____	
Address _____				Spouse Name _____		Birth Date (Mo/Day/Yr) _____
City _____		State _____		ZIP _____		Child's Name _____
Phone (_____) _____				Child's Name _____		Birth Date (Mo/Day/Yr) _____
Applicant's Birth Date _____				Child's Name _____		Birth Date (Mo/Day/Yr) _____

OVER →

I am applying for:

- Basic Membership, head of household **\$30*** \$ _____
- Spouse Membership **\$10** \$ _____
- Children ages 1-17 years (**Free**) How many children _____ \$ **FREE** _____
- Family Member over 18 of same household **\$10** \$ _____
- Student Membership **\$10*** \$ _____
- Life Membership **\$500*** \$ _____

* The Membership Fee entitles Members to receive our newspaper, the "German-American Journal"

Total \$ _____

Chapter Preference (choose one)

- Prefer to join Chapter _____
- Assign to a Local Chapter
- Prefer to be a National Member

I / we speak German Yes No
 I / we are interested in learning German Yes No



Mail Completed Application and Payment To:

DANK National Executive Office
4740 N. Western Avenue, Suite 206
Chicago, IL 60625-2013

How Did You Hear About DANK?

Applicant Signature