

Application Form

Personal Information:

Last Name, First Name, Date of Birth

Address

Postal Code, City

Country, State or Province

I hereby apply for a personal membership in the TRIZ-Campus e.V. and acknowledge it's statutes and bylaws. The costs for the membership of EUR 30,00 per year are to be paid upon invoice by bank transfer.

I agree to storage, transfer and processing of my personal data for the purposes of TRIZ-Campus e.V. according to the German Data Protection Act.

Date, Signature