

Please return to:

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APPLICATION FORM

I want to be a member of the

**INTERNATIONAL LL.M. ALUMNI ASSOCIATION FOR
THE UNIVERSITY OF GEORGIA SCHOOL OF LAW E. V.**

(a German "Verein")

Name: _____

Home address: _____

Home e-mail: _____

Telephone: _____

Office address: _____

Telephone: _____

Telefax: _____

Office e-mail: _____

Class of: _____

Begin of membership: _____

I know that the annual membership fee currently is EUR 30.00.

Communications should be sent to Home e-mail Office e-mail

Direct Debit Authorization (Optional)

I hereby authorize the Verein to debit my following account with the annual membership fee.

Bank: _____

BLZ (Bank Code): _____

Account No: _____

IBAN: _____

This authorization can be revoked at any time by declaration in writing to the following address:

Rechtsanwalt und Notar

Franz-Martin Wolff

Kurfürstendamm 217

10719 Berlin

_____, this __ day of _____, 2010
(Place)

Signature