



Astronomische Gesellschaft  
German Astronomical Society

**Please send the application to the treasurer:**

Prof. Thomas W. Kraupe  
Astronomische Gesellschaft  
c/o Planetarium Hamburg  
Linnering 1 (Stadtspark)  
22299 Hamburg  
Germany

Email: [treasurer@astronomische-gesellschaft.de](mailto:treasurer@astronomische-gesellschaft.de)

## Application for Membership

I hereby apply for membership in the German Astronomical Society (AG).

Surname	First Name	Academic Title/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	
<input type="text"/>	<input type="text"/>	

### Home Address

Street, Number	Postal Code, City
<input type="text"/>	<input type="text"/>
Telephone Number	Email
<input type="text"/>	<input type="text"/>

### Office Address

Institute	
<input type="text"/>	
Street, Number	Postal Code, City
<input type="text"/>	<input type="text"/>
Telephone Number	Email
<input type="text"/>	<input type="text"/>

Please, use my  **office address** /  **home address** for **correspondence**.

I obligate myself to pay the membership fee specified in the statutes. Currently, the annual fees are 75 € (regular), 60 € (reduced for DPG or DGG members), 50 € (reduced for retired persons), and 30 € (reduced for students or person with low income), respectively.

### I apply for a reduced membership fee as a

DPG member    DGG member    Retired person    Student or person with low income

I will inform the AG about any changes of my status checked above.

I am a PhD student or beyond and agree that my membership in the AG will be extended to a **membership in the European Astronomical Society (EAS) free of charge**. I agree that the AG will submit the following information to the EAS for this purpose: First name, surname, email address, institute name, and country of residence. I am entitled to revoke my membership in the EAS at any time.

I have read and agree to the data protection declaration of the AG (<http://www.astronomische-gesellschaft.de/de/datenschutz>). I have been informed that my data will be stored and used by the AG for administrative purposes and for fulfilling the statutory purposes of the AG only.

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Location, Date, and Signature (Application for Membership)



The following members have recommended that I be admitted to the AG (§8, section 2 of the statutes):

	Name in block letters	Signature
Reference 1		
Reference 2		

## SEPA Direct Debit Mandate for recurrent payments

**Creditor Identifier: DE73ZZZ00001246657**

**Mandate Reference: my Membership Number**

By signing this mandate form, I authorize the German Astronomical Society (AG) to send instructions to my bank to debit my account in accordance with the instructions from the creditor.

As part of my rights, I am entitled to a refund from my bank under the terms and conditions I agreed upon with my bank. A refund must be claimed within eight weeks starting on the date on which my account was debited.

Name of Debitor	First Name
<input type="text"/>	<input type="text"/>
Street, Number	Postal Code, City
<input type="text"/>	<input type="text"/>
Country	Membership Number (to be filled later)
<input type="text"/>	<input type="text"/>
IBAN	BIC
<input type="text"/>	<input type="text"/>

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Location, Date, and Signature (for SEPA Direct Debit Mandate)

