

Deutsch-Amerikanische Juristen-Vereinigung e.V.  
PO Box 20 04 42  
53134 Bonn  
Germany  
mail@dajv.de

**Membership Application**  
German American Lawyers Association

**Personal data:** \* please fill in

*	<b>First name:</b>	<b>*Last name:</b>
*	<b>Title (Prof., Dr.):</b>	<b>Date of birth:</b>
*	<b>Shipping address:</b>	
	Firm/Company:	
	Contact person (only for fee group 5):	
	Street:	
	Postal code (ZIP), city:	Country:

*	<b>IT data:</b>	
	Tel. (work): /	Tel. (private): /
	Mobile (work): /	Mobile (private): /
	Fax (work): /	Fax (private): /
	Email (work):	Email (private):

<b>Fee group (please mark with a cross):</b>		
The membership fee is due at the beginning of each <b>calendar year (= fee year)</b> without a separate request for payment, yet must be paid no later than <b>March 31 of each year at the latest</b> . The fees are tax deductible.		
	<i>Group</i>	<i>Designation</i>
<input type="checkbox"/>	1	Individual member
<input type="checkbox"/>	2	Spouse/partner of an individual member - with only one mailing of notices (half the fee of an individual member).
<input type="checkbox"/>	3	<input type="checkbox"/> Trainee teacher <input type="checkbox"/> Doctoral/phd. with a gross annual income of less than Euro 15,000.00 ( <b><i>please attach certificate of appointment, proof of graduation</i></b> ) **
<input type="checkbox"/>	4	Law student ( <b><i>please attach certificate of study</i></b> ) **
<input type="checkbox"/>	5	Company/law firm (institutional member)
<input type="checkbox"/>	6	Individual member who is an organ, employee, partner or freelancer of a DAJV member law firm or a DAJV member company - DAJV mailings only possible to the law firm/company address
		<i>Annual fee</i>
		80,00 Euro
		40,00 Euro
		40,00 Euro
		30,00 Euro
		300,00 Euro
		40,00 Euro

for further data **please contact**

*	<b>DAJV expert group membership</b> (please tick and indicate an e-mail address (under IT data), as communications will be sent by e-mail):	
	<input type="checkbox"/> Merger & Acquisition (M & A)	<input type="checkbox"/> Arbitration/Litigation/Mediation (ALM)
	<input type="checkbox"/> Tax law	<input type="checkbox"/> Constitution/Legislation/Public Law
	<input type="checkbox"/> Antitrust/Regulated Industries/Media (ARIM)	
Other memberships:		

<b>Professional background:</b>	
*	Occupation/Service title:
Commencement of studies (for students):	
Year of passing the 1st state exam:	Planned:
Year of passing the 2nd state exam:	Planned:
Year of dissertation/Ph.D.: University:	Planned:
Year of habilitation: University:	Planned:

<b>Qualification in the U.S. or other equivalent degrees:</b>			
*	Degree in the U.S.A (LL.M., M.C.L., M.C.J.):	*	Year concluded:
*	University (exact name):		
*	Bar exam in the year:	*	U.S. State of Admission:
U.S. university degree(s) (J.D., B.A., B.S., Ph.D.):			
Senior year:			
University (exact name):			
Research stays at US law schools:			

- I agree to the internal publication of my data (\*) in the online member-directory. **Note: Without consent, you yourself do not receive access.**  
An e-mail address is required for publication in the online directory.

Place / Date

Signature

**Please see the attached form for issuance of a SEPA direct debit mandate for collection of the membership fee.**

\*\*)After a total of five years of legal studies, the membership fee is **automatically increased** to Euro 40.00 (trainee lawyer/doctoral candidate), after a further three years to Euro 80.00 (individual member), unless the member submits a study certificate or other proof of ongoing legal training (legal clerkship; doctorate) without being requested to do so by 31 December of that year at the latest. After five years, a statement must also be submitted that the gross income limit of Euro 15,000.00 per year has not been exceeded and is not expected to be exceeded in the following year.



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Creditor identification number:  
DE89ZZZ00000875441

### SEPA direct debit mandate

I/we authorize the German-American Lawyers Association e.V. to collect the membership fee in the amount applicable to me/us **annually by March 31 of each year from** my/our account by direct debit. At the same time, I/we instruct my/our credit institution to honor the direct debits drawn on my/our account by the German-American Lawyers Association. I/We can revoke the direct debit at any time and object to the debit within **8 weeks.**

First name and last name (account holder)	
Date of birth:	
Street and house number	
Zip code and place	
BIC	_____
IBAN	
Member for whom the SEPA Direct Debit Mandate is issued	

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Place / Date

Signature