

**MEMBERSHIP APPLICATION  
THE GERMAN SOCIETY  
OF MARYLAND**

**I HEREBY APPLY FOR MEMBERSHIP  
IN THE GERMAN SOCIETY OF  
MARYLAND**

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Name (print)

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Spouse (optional)

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Street Address

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City, State, Zip Code

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Area code & phone #

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Date

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Email address

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School currently enrolled (students only)

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**SIGNATURE**

**Amount Enclosed:**

- Annual Dues: \$25       Student: FREE  
 Teacher Dues: \$15     Life-time Membership: \$250

Make check payable to "The German Society of MD"  
and mail to the Society at P.O. Box 22585, Baltimore,  
MD 21203-4585.

Referred by:  
(if referred by a member of the Society).

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