HARVARD CLUB OF AUSTRIA

Membership Application

Please submit completed form to *Dr. Armin Dallmann*
by fax (+43-1-40443-91150) or
by email (Ulrike.kaar@cms-rrh.com).

LAST NAME **FIRST NAME** **M.I.**

BIRTH NAME **DATE OF BIRTH** **SEX**

HOME ADDRESS (STREET, CITY, ZIP CODE) preferred mailing address □

HOME (MOBILE) PHONE NUMBER **PERSONAL EMAIL ADDRESS** preferred address □

COMPANY NAME **POSITION**

OFFICE ADDRESS (STREET, CITY, ZIP CODE) preferred mailing address □

OFFICE PHONE NUMBER **WORK EMAIL ADDRESS** preferred address □

HARVARD SCHOOL **CLASS YEAR**

OTHER EDUCATION (UNIVERSITY, DEGREE, YEAR OF GRADUATION)

MY REASON TO JOIN HCA: _____

I'D LIKE TO HELP ORGANIZE EVENTS: yes □ no □

I KNOW THE FOLLOWING HARVARD ALUMNUS WE SHOULD INVITE TO HCA: _____

By submitting this membership application (this "Application"), I agree to the collection, use and processing of the personal information I provide to the Harvard Club of Austria ("HCA") in this Application for the purposes of organization administration, payment of my dues, and inclusion of my contact information in a members' directory that will be distributed to members of HCA. By submitting my personal information to HCA, I also agree that my information may be accessed and used by HCA, its directors and agents, and may be be transferred, for non-commercial purposes only, to persons or organizations affiliated with Harvard University in countries that are not regarded as having adequate data protection, including to the United States. I agree to notify HCA of any change to the information provided above, including making any requests to check, delete or correct my personal information, so that it is accurate and current. I understand that the majority of the data requested in this application is necessary for administrative and planning purposes, and that the failure to provide this information may prevent my application from being properly processed or inclusion of my contact information in the members' directory.

DATE **SIGNATURE**