

MEMBERSHIP APPLICATION



The undersigned applies for membership in the AUSTRIAN AMERICAN COUNCIL WEST and if elected agrees to abide by the law, rules and regulations of the COUNCIL.
Please email complete application to: **AACouncilWest@gmail.com**

Austrian Citizen: YES/NO

Name: _____

Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cellular: _____

Email: _____

Occupation or Profession: _____

Country of birth: _____

Languages: _____

Sponsor and or reference: _____

Please indicate your desired membership level:

Benefactor: \$1000

Patron: \$500

Sponsor: \$350

Friend \$..... This is a most welcome philanthropic action on your part.

No approval is necessary. This is a non-member level allowing you to give any amount.
Donations of \$100 and above permit participation in selected member events.

Signature of applicant

Date