



Contact Details (*required information)

Please select the details you'd like to share in our members' directory, a PDF containing contact information sent to all members

ID _____
(for office to complete)

<input type="checkbox"/> Name*			
<input type="checkbox"/> Street*			
<input type="checkbox"/> Postcode*			
<input type="checkbox"/> City*			
<input type="checkbox"/> Mobile phone*			
<input type="checkbox"/> Landline			
<input type="checkbox"/> Email*			
Citizenship			
Occupation	Employer		
Date of birth: Day	Month	Year	(for birthday greetings/party)
How did you hear about AWA?			
How long have you been living in Vienna?			
Reason for being here?			
Spouse name and employer (optional)			

Your Membership

Please select membership required:

<input type="checkbox"/> €116 Full (for members under 70 years old)	Payment details: Erste Bank Linke Wienzeile, 1060 Wien BIC: GIBAAATWW IBAN: AT25 2011 1843 8273 8100
<input type="checkbox"/> €100 Senior (for members aged 70+)	
<input type="checkbox"/> €144 Family (daughter in the same household)	
<input type="checkbox"/> €48 Joint (with IWA Graz or IWC Bratislava)	
<input type="checkbox"/> €48 Overseas (out of Austria)	

Skills & Interests

<input type="checkbox"/> Website management	<input type="checkbox"/> Marketing & PR	<input type="checkbox"/> Bookkeeping/accounting
<input type="checkbox"/> InDesign/graphic design	<input type="checkbox"/> Organising events	<input type="checkbox"/> Other:
<input type="checkbox"/> Copywriting	<input type="checkbox"/> Charity fundraising	
<input type="checkbox"/> Are you happy to share your skills or interests with other members; would you like to host events?		

Data Protection and Disclaimer

- I understand that the personal information that I choose to add to this form, including my name, phone number, email and home address, will be added to the AWA database for communication purposes.
- I understand that I can request a change or removal of my information at any time.
- I am happy for my photo in group scenes to be added to Highlights, Weekly News and/or the Website.
- I confirm that I have approval from my spouse/partner to store and process their information.
- I will not hold AWA or members of its Board liable for any loss, damage or injury suffered during any activity.

Date: _____

Signature: _____



Highlights Magazine

Please select how you would like to receive your copy:

<input type="checkbox"/> Print issue (via post) and PDF (via email)	<input type="checkbox"/> PDF issue only (via email)
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If you would like to be featured in Highlights, please answer the questions below:

1. How did you discover the AWA?

2. Where's home for you originally?

3. What languages do you speak?

4. Where have you lived before?

5. How long have you been in Vienna, which district are you in, and what brought you here?

6. What's your profession or field of expertise?

7. What are your passions and hobbies?

8. Anything else you'd like to share? Fun facts, interesting tidbits?

For Office Use Only

Amount paid		Added to:	Database	<input type="checkbox"/>	
Payment date			Mailchimp	<input type="checkbox"/>	
Cash or bank transfer			GMail contacts	<input type="checkbox"/>	
Membership type		Sent to:	Welcome Chair	<input type="checkbox"/>	
Data entry date					