



# NEW MEMBER APPLICATION

Date

German American National Congress (Deutsch-Amerikanischer National Kongress)

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K

Last Name First Middle

Email Address

Address

Spouse Name

Birth Date (Mo/Day/Yr)

City

State

ZIP

Child's Name

Birth Date (Mo/Day/Yr)

Phone ( )

Child's Name

Birth Date (Mo/Day/Yr)

Applicant's Birth Date

Child's Name

Birth Date (Mo/Day/Yr)

All Nationalities Welcome!

OVER →

## I am applying for:

- ☐ Basic Membership, head of household **\$ 50\*** ..... \$ .....
- ☐ Spouse Membership **\$10** ..... \$ .....
- ☐ Children ages 1-17 years (**Free**) How many children ..... \$ **FREE** .....
- ☐ Family Member over 18 of same household **\$10** ..... \$ .....
- ☐ Student Membership **\$ 20\*** ..... \$ .....
- ☐ Life Membership **\$ 600\*** ..... \$ .....

\* The Membership Fee entitles Members to receive our newspaper, the "German-American Journal"

Total \$ .....

## Chapter Preference (choose one)

- ☐ Prefer to join Chapter .....
- ☐ Assign to a Local Chapter
- ☐ Prefer to be a National Member

Applicant Signature



Apply and Make Payments Online at:

[www.DANK.org](http://www.DANK.org)

OR

## Mail Completed Application and Payment To:

DANK National Executive Office  
4740 N. Western Avenue, Suite 206  
Chicago, IL 60625-2013