

Application for Corporate Membership

I / we apply for the membership in the HAFEN-KLUB HAMBURG e.V.

Company Name: _____

Address: _____

Phone Switchboard: _____ Fax: _____ Website: _____

Different Billing
Address, if applicable: _____

I / we accept the statutes (as of October 16th, 2018), the data protection regulations and the house rules of the HAFEN-KLUB HAMBURG e.V. (see attachments to this application for membership).

Admission Fee	<input type="checkbox"/> Cluster 1:	€ 2.000,00 one-time for 1-3 representatives in total
	<input type="checkbox"/> Cluster 2:	€ 3.000,00 one-time for more than 4 representattives
	<input type="checkbox"/> Non Resident Member:	€ 700,00 one-time for 1-3 representatives

Membership Fee per year	<input type="checkbox"/> Cluster 1:	€ 750,00 lump sum for 1-3 representatives in total
	<input type="checkbox"/> Cluster 2:	€ 1.200,00 lump sum for 4-6 representatives in total + € 200,00 each from the 7th representative
	<input type="checkbox"/> Non Resident Member:	€ 350,00

Plus legal VAT

The name(s) and dates of the representative(s) in Cluster 1, Cluster 2 and Non Resident Member are given in a separate data sheet (form attached).

Place, Date

Applicant's Signature

Data Sheet

for Corporate Membership

Your Billing Address is:

I agree that the data are published in the **directory of members** in the protected area of the www.hafen-klub.de website. The consent can be revoked at any time without giving reasons opposite the Hafen-Klub Hamburg e.V., An den St. Pauli Landungsbrücken 3, D-20359 Hamburg, in writing (preferably by email to info@hafen-klub.de) with effect for the future.

Representative Data for the Membership Directory	yes	no
Name, First Name, Title	<input type="checkbox"/>	<input type="checkbox"/>
Company	<input type="checkbox"/>	<input type="checkbox"/>
Industry see Enclosure		
Street	<input type="checkbox"/>	<input type="checkbox"/>
Postal Code City	<input type="checkbox"/>	<input type="checkbox"/>
Phone – Switchboard	<input type="checkbox"/>	<input type="checkbox"/>
Phone – Extension	<input type="checkbox"/>	<input type="checkbox"/>
Fax	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>	<input type="checkbox"/>
Mobile	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth (will not be published, please state for statistical purposes)		
Position in the Company	<input type="checkbox"/>	<input type="checkbox"/>

Different data for mailings to the representative

Recipient

Street

Postal Code City

(Name) _____

Newsletter sent by E-Mail

<p>I consent to the Hafen-Klub Hamburg e.V. sending me information via e-mail.</p> <p>The consent can be revoked at any time without giving reasons against the Hafen-Klub Hamburg e.V., An den St. Pauli Landungsbrücken 3, D-20359 Hamburg, by fax +49 40 3 19 19 71 or by e-mail to info@hafen-klub.de with effect for the future</p>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<p>I consent to the Hafen-Klub Hamburg Gastronomie e.V. sending me information via e-mail.</p> <p>The consent can be revoked at any time without giving reasons against the Hafen-Klub Hamburg e.V., An den St. Pauli Landungsbrücken 3, D-20359 Hamburg, by fax +49 40 3 19 19 71 or by e-mail to info@hafen-klub.de with effect for the future</p>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

I play Golf . Please add my name into the golf index.	<input type="checkbox"/>	y e s	<input type="checkbox"/>	no
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Please indicate the **industry** in which you currently work (Multiple answers possible).

<input type="checkbox"/>	Automotive Industry
<input type="checkbox"/>	Banking / Insurance / Financial Service Provider
<input type="checkbox"/>	Construction Industry / Building Technology
<input type="checkbox"/>	Authority / Associations
<input type="checkbox"/>	Consulting Company
<input type="checkbox"/>	Energy Industry
<input type="checkbox"/>	Port Operator
<input type="checkbox"/>	Trade, Import / Export
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	IT-Service Provider
<input type="checkbox"/>	Warehousing
<input type="checkbox"/>	Logistics (Rail, Road, Water, Air)
<input type="checkbox"/>	Real Estate, Property Management
<input type="checkbox"/>	Pharmaceutical Industry
<input type="checkbox"/>	Press / Media
<input type="checkbox"/>	Lawyer / Tax Advisor / Auditor
<input type="checkbox"/>	Ship Building, Mechanical Engineering, Plant Construction
<input type="checkbox"/>	Shipping / Shipping Company
<input type="checkbox"/>	Ship Classifier
<input type="checkbox"/>	Tourism / Gastronomy
<input type="checkbox"/>	Environmental Service / Recycling
<input type="checkbox"/>	Other: _____

Date, Signature _____