



Library Membership Application

(Please fill out legibly)

Last name, First Name, Title (e.g. „Dr.“, „Prof.“, „von“)

Street, Apt. Number (when indicated)

ZIP Code, City

Date of Birth (DD.MM.YYYY)

Gender: female male diverse without specification

Programme: Bachelor Master

I agree to abide by the Library rules and regulations. I also agree to pay all fines and/or replacement charges resulting from the use or abuse of the library card. I understand that my above mentioned personal data is stored and used strictly according to legal provisions.

Date: _____ Signature: _____

Staff only:

Ausweis-Nummer: _____

Bearbeitungsvermerk: Erledigt Sonstiges