

**International School of Bremen Alumni Association e.V.**

## **Application Form**

To the  
International School of Bremen  
Alumni Association e.V.  
c/o ISB International School of Bremen  
gemeinnützige GmbH  
Badgasteiner Str. 11  
28359 Bremen  
alumni@isbremen.de



Full name *(Surname, Given name(s))*: \_\_\_\_\_

Birth Name *(if different)*: \_\_\_\_\_ Address: \_\_\_\_\_

Post code/city: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Class of/Attending Year: \_\_\_\_\_

I hereby declare my membership as an:

- Regular Alumni
- Associated Alumni

To the International School of Bremen Alumni Association e.V.

**The statute of the association can be found on the International School of Bremen website. I have taken note of the statute and recognize it as binding.**

Place/Date: \_\_\_\_\_ Signature: \_\_\_\_\_