

Application Form

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: _____