

**Freunde und Förderer der  
Staatsoper Unter den Linden e.V.**

Unter den Linden 7  
10117 Berlin  
GERMANY

**APPLICATION FORM GIFT MEMBERSHIP**

**Yes, I give the gift of a membership in the association as:**

- |  |                  |                       |
|--|------------------|-----------------------|
| <input type="checkbox"/> Apollo – Young Friend (up to the age of 35) | from 50 Euro     | annual membership fee |
| <input type="checkbox"/> Friend                                      | from 150 Euro    | annual membership fee |
| <input type="checkbox"/> Sponsor                                     | from 500 Euro    | annual membership fee |
| <input type="checkbox"/> Master Builder                              | from 1.000 Euro  | annual membership fee |
| <input type="checkbox"/> Patron                                      | from 2.500 Euro  | annual membership fee |
| <input type="checkbox"/> Donor                                       | from 10.000 Euro | annual membership fee |

\_\_\_\_\_  
Name, first name of giver

\_\_\_\_\_  
Name, first name of recipient

\_\_\_\_\_  
Street, No. of giver

\_\_\_\_\_  
Street, No. of recipient

\_\_\_\_\_  
Postal code, City of giver

\_\_\_\_\_  
Postal code, City of recipient

\_\_\_\_\_  
E-Mail of giver

\_\_\_\_\_  
E-Mail of recipient

\_\_\_\_\_  
Telephone of giver

\_\_\_\_\_  
Telephone of recipient

\_\_\_\_\_  
Date, Signature of giver

➔ Please digitally sign the form or print and sign it and send it to the association's office.