

**Freunde und Förderer der  
Staatsoper Unter den Linden e.V.**  
Unter den Linden 7  
10117 Berlin  
GERMANY

**APPLICATION FORM**

**Yes, I want to become a member of the association as a:**

- |   |               |                       |
|---|---------------|-----------------------|
| <input type="checkbox"/> Apollo – Young Friend (up to the age of 35)  | from 50 €     | annual membership fee |
| <input type="checkbox"/> Friend   | from 150 €    | annual membership fee |
| <input type="checkbox"/> Sponsor  | from 500 €    | annual membership fee |
| <input type="checkbox"/> Master Builder   | from 1.000 €  | annual membership fee |
| <input type="checkbox"/> Patron   | from 2.500 €  | annual membership fee |
| <input type="checkbox"/> Donor  | from 10.000 € | annual membership fee |
| <br>  |               |                       |
| <input type="checkbox"/> My spouse/partner wants to support the Staatsoper too. He/she pays only half the regular membership fee. |               |                       |
| <input type="checkbox"/> My spouse/partner wants to support the Staatsoper too. He/ she pays the full membership fee.             |               |                       |

**Yes, our corporation wants to become a corporate member of the association as:**

- |                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| <input type="checkbox"/> Patron | from 2.500 €  | annual membership fee |
| <input type="checkbox"/> Donor  | from 10.000 € | annual membership fee |

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Name, First name

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Name of corporation (for corporate members)

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Street, Postal Code, City

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Email, Telephone, Fax

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Date, Signature

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Name, First name of spouse/partner

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Date, Signature of spouse/partner

Please insert your digital signature or print the form and sign it, then send it to the association's office.