

Application for DIS Membership

(Please return by e-mail to welcome@disarb.org or by fax to: +49 30 4170 7070 7)

I herewith apply to become a member of the German Arbitration Institute (Deutsche Institution für Schiedsgerichtsbarkeit e.V. (DIS)) pursuant to Section 3 of the DIS Statutes.		
Company membership (to become a personal membership use the DIS personal membership form)		
Personal information		
Gender *	Title	
First name *	Last name *	
Additional title	Date of birth *	
Contact		
E-Mail *		
Phone *	Fax	
Website		
Company and position		
Company *		

Company sector *

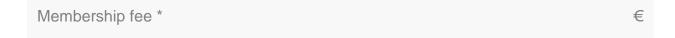


Company and position (continued)

Job position *		
Street and number *		
Street extension		
Postal code *	City *	
Country *	Federal state (if applicable)	
Billing address if different		
Street and number *		
Street extension		
Postal code *	City *	
Country *	Federal state (if applicable)	

Membership contribution

Members may determine their contribution themselves, however, a minimum annual contribution of 300,00 € for legal persons applies.





Notifications and communication

I have taken note of the DIS Privacy Policy.*	
I agree that the above data will be listed in a public accessible member section on the DIS website¹ members including the following information: National and contact details. The publication on our websites' expertise in the area of alternative dispute these means of dispute resolution forms part of remove your information from our member direct withdrawal of consent at any time (dis@disarb.oluments) I understand that my withdrawal will not be retromembership in general.*	www.disarb.org shows a list of all me, job title, professional address site is intended to display DIS memresolution and arbitration. Promoting the DIS' aims and objectives. We will tory and the website upon your rg), or when your membership ends.
Date *	Signature *

^{*} Required fields, essential for processing the application 1 https://www.disarb.org/en/membership/members