

Membership application for ALASCA - Association for Operational Open Cloud Infrastructures e.V.

ALASCA

Association for Operational, Open Cloud Infrastructures e.V.

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Board of Directors

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Registration Office: Amtsgericht Dresden VR 12961

Membership application for ALASCA - Association for Operational Open Cloud Infrastructures e.V.

ALASCA – Association for Operational, Open Cloud Infrastructures e.V. offers the following types of membership:

- Full membership for legal entities or natural persons
- Supporting membership for legal entities or natural persons
- Associate membership for associations, federations, institutes, and other organizations, but not for companies or natural persons

The membership fee is specified in the membership fee regulations.

Please select your membership type and then provide some information about your legal entity or natural person:

I hereby apply for

	Option A: An ordinary membership		
	(optional) In addition to my membership fee according to the contribution ru		
	support ALASCA e.V. with a voluntary contribution of	Euro.	
	I will pay this voluntary contribution		
	Once		
	Annually		
	Option B: A supporting membership In accordance with the contribution rules, I determine the annual amount of my		
	supporting membership myself. It amounts:	Euro.	
	I am aware that within the scope of a supporting membership I may participa		

General Meetings of ALASCA e.V., but that I waive my right to vote and to be elected

(cf. Statutes § 3 para. 7).

	Option C: An associative membership		
Note: Associate membership is available to clubs, associations, institutes, an organizations, but not to companies or individuals.			
	I am aware that, as an associate member, I am entitled to attend ALASCA e.V. member meetings but waive my right to vote and stand for election (see Articles of Association, Section 3 (8)).		
(optional) As part of my associate membership, I support ALASCA e.V. wit voluntary contribution of			
	Euros.		
	I will pay this voluntary contribution		
	Once		
	Annually		
Optio	n A: <u>Legal</u> entity:		
Orga	nisation:		
Addr	ress:		
Webs	site:		
Indu	stry:		
Note: the de	ber of Employees: This information is necessary for etermination of the membership fee Contribution Rules).		
Cont	act Person (Name, Position)		
Phor			
Emai	il:		

Option B: <u>Natural</u> person:

Name:	
Date of birth:	
Address:	
Phone:	
Email:	
Job Title:	
Industry:	
- Association for Operational, Open Furthermore, I agree that my member membership list on the Association In addition, I agree that my data may	ership in the Association is publicly visible (e.g.
Place, Date	
Name, Signature	

Note: Payment of membership fees will be made only after confirmation of membership (see Contribution Rules).