

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
<input type="text"/>	<input type="text"/>
First name *	Last name *
<input type="text"/>	<input type="text"/>
Additional title	Date of birth *
<input type="text"/>	<input type="text"/>

Contact

E-Mail *	
<input type="text"/>	
Phone *	Fax
<input type="text"/>	<input type="text"/>
Website	
<input type="text"/>	

Company and position

Company *
<input type="text"/>
Company sector *
<input type="text"/>

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.

Membership fee *

€

Notifications and communication

- I have taken note of the [DIS Privacy Policy](#).*
- I agree that the above data will be listed in a public member directory. The publicly accessible member section on the DIS website¹ www.disarb.org shows a list of all members including the following information: Name, job title, professional address and contact details. The publication on our website is intended to display DIS members' expertise in the area of alternative dispute resolution and arbitration. Promoting these means of dispute resolution forms part of the DIS' aims and objectives. We will remove your information from our member directory and the website upon your withdrawal of consent at any time (dis@disarb.org), or when your membership ends. I understand that my withdrawal will not be retroactive and will have no impact on my membership in general.*

Date *

Signature *

* Required fields, essential for processing the application

¹ <https://www.disarb.org/en/membership/members>