



## Diplomatic Membership Application

(Must be 16 or older to apply)

The Community Support Association (CSA) of Berlin, Germany welcomes you to post! With this membership, you will be entitled to all CSA services, voting rights and the ability to serve on the CSA Board of Directors.

\_\_\_\_\_ 50€: Onetime fee Family Membership

\_\_\_\_\_ 35€: Onetime fee Individual Membership

Date of Application: \_\_\_\_\_ Expected date of departure (month/year): \_\_\_\_\_

Name of USG Employee: \_\_\_\_\_

Office or department within Embassy: \_\_\_\_\_

E-mail (official): \_\_\_\_\_ E-mail (off-line): \_\_\_\_\_

Names of Eligible Family Members (EFM) appearing on official orders: \*Please include ages of children

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 5. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 6. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Berlin Address: \_\_\_\_\_

I hereby certify that I am a United States Government employee, have been granted duty-free privileges, and am over the age of 16. I will follow the rules and regulations associated with duty free purchases. *(Full policy is available online or at the CSA Store/Office)*

Name	Title	Date
_____	_____	_____

For CSA Use Only

Date Processed: \_\_\_\_\_ Approved by (CSA): \_\_\_\_\_

Payment/Fee Amount: \_\_\_\_\_ (attach copy to receipt to application)