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PREVIEW CLUB

Membercard application (please complete in block capitals)

female	male	divers
first name	•••••	
surname		
date of birth		
street name and r	number	
zip code, city		
telephone		
email	•••••	
l herewith apply fo *Participation for persons o		y preview club membership card*.
 Place + Date		 Signature

I agree with the use of my personal data for the purpose of information and customer service by letter and email only. (Your participation is entirely voluntary and you can withdraw via mail or email at any time. You are entitled at all times to demand information about any personal data we have stored about you and about any declarations via the following email address: datenschutz@staatstheater-stuttgart.de)