



## Membership Application Form

Firm \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address Street/Nr. \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

### Membership fee per year:

- Student 26,- €
- Single person 51,- €
- Family 66,- €
- Corporate membership 153,- €

### Sustaining membership:

Individual /  Corporate

- Friend € 250,- / € 500,-
- Supporter € 500,- / € 1.000,-
- Sponsor € 1.000,- / € 2.000,-
- Benefactor € 5.000,- / € 10.000,-

### Direct debit authorization

Membership dues may be transferred from

Bank: \_\_\_\_\_

Account holder: \_\_\_\_\_

Account number: \_\_\_\_\_

BLZ (Bank Nr.): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature