

## **MEMBERSHIP DECLARATION**

I hereby join the support association. I agree that my address may be included in the membership directory.	
I / We would like to join the association as:	
☐ Individual member ☐ Family/ Couple membership ☐ Child / pupil / student member ☐ Supporting member	40 Euro 65 Euro 0 Euro 130 Euro
1. Surname, First name	
2. Surname, First name	
Street	
ZIP Code, Town	
Phone / Mobile	
Email	
ANNNUAL FEE	
Please collect my membership fee by direct debit:	
Account holder	
Bank	
IBAN	
BIC	

Date, Signature

For more information, including data protection please scan this QR Code or visit www.cromford-ev.de

