

MEMBERSHIP FORM



Please complete in block letters!

please tick appropriate

I/we want to help/Join „FANUS e.V.“ as

helping member

a supporting member

First name:..... Family name.....

Company.....

Street:.....

Area code : Address

Telefon/Mobil:.....Telefax:

You can contact us through _ Post _ E-Mail:.....

Membership

Member of the association "Fanus e.V." can be anyone who can identify with the tasks and the principles of the Association, that are formulated in the statutes.

As a sponsoring member I/we pay by direct debit in the following amounts in;

Total:.....€ Every 6 Months.....€ Every 4 months.....€

Bankname:.....

Bank details:.....

Donations are tax-deductible. Our receipt can be presented to the tax office.

Privacy Policy

I agree that my data will be used for administrative purposes. Any disclosure to third parties does not take place.

My name may be mentioned in connection with Fanus e.V.

Date:..... Signature/Stamp:

FANUS e.V.