

Membership Agreement

Details of member

Last name _____
First name _____
Street, house number _____
Town/city, postcode _____
Date of birth _____
E-mail _____
Phone number _____

I wish to become a Member (annual fee €90/concession fee €40)
 Sponsoring Member (min. €5)
in the *Frauenheldinnen e.V.* association.

With my signature, I confirm that I agree with the Mission Statement of the association.

Place, date

Signature

I hereby authorise the association *Frauenheldinnen e.V.* to collect my membership fee in the amount of € _____ from the account specified below on the due date of the annual membership fee.

Name of account holder _____
IBAN _____
BIC _____
Name of bank _____

Place, date

Signature