



Declaration of membership “Association for Fascia Research” e.V., Hamburg

I hereby declare my entry as a member of the Association for Fascia Research e.V.

from _____

membership number: _____

name

first name:

date of birth:

street:

postal code / town:

telephone:

e-mail:

The current contributions are:

1. admission fee (Please check the relevant box)

natural persons € 10.00

legal entities (e.g. companies) € 100.00

2. monthly contributions (Please check the relevant box)

natural persons € 12.50

legal entities (e.g. companies) € 50.00

With my signature I accept the statutes of the association.

place, date

signature of the member (the legal representative)