



WILD @ LIFE

Membership Form wild@life e.V.

Company Name: _____

Surname: _____

First Name: _____

Address: _____

Postcode: _____

City: _____

Telephone: _____

E-Mail: _____

Date of Birth: _____

- I will pay the yearly membership fee for private members of € 50,- /
for juristic persons € 100,-
- I will pay a voluntary higher membership fee of yearly € _____ , -
(the higher amount can be changed for the next year)
- I will pay the reduced membership fee of yearly € 25,-
(Trainees, students)

I will pay the yearly membership fee at the set date based on the actual incorporation of the foundation to the following account:

wild@life e.V.
IBAN: DE12 8306 5408 0004 9477 03
BIC: GENO DEF1 SLR (Deutsche Skatbank)

With my signature I accept the statute of the foundation and I declare the correctness of my information. I agree to the storage of my personal data.

.....
Date

Signature