

MEMBERSHIP APPLICATION



Please send the completed form to: Bürger fürs BADEHAUS Waldram-Föhrenwald e.V.,
Kolpingplatz 1, D-82515 Wolfratshausen or
per Email (attached scan) to: info@badehauswaldram.de

I hereby join the Association „Bürger fürs BADEHAUS Waldram-Föhrenwald e.V.“ and choose to pay an annual contribution as follows (*please check applicable box*):

- 25 Euro Individual
- 15 Euro Spouse, students
- 150 Euro Corporation
- or a voluntary higher contribution of _____ Euro.

Name First name Date of birth

For membership of spouse:

Name First name Date of birth

Address

Postal code and city

Phone / Mobile Email

Date / Signature/s

Payments and donations from abroad to PayPal account:

harald.stebner@badehauswaldram.de