



# Application for Membership

Wolfhager Straße 109  
Werk Rothenditmold / R11  
D-34127 Kassel  
Germany

Phone: +49 (0) 5 61 – 8 01 72 50  
Fax: +49 (0) 5 61 – 8 01 72 51

**Hereby apply, I / we the membership.**

The annual fee for **individual members** shall be: - Minimum: € 12.00

The annual subscription for **firms** and **institutions** is - Minimum: € 100.00

The contribution rates are the minimum. They can be raised through voluntary self-assessment upward.

He is due in advance each year to the end of the first calendar month of each year. The payment is made to the account at the

**Kasseler Sparkasse - IBAN: DE26520503530001199363 BIC/SWIFT: HELADEF1KAS**

I / we have /, the Council noted that I / we, the membership of each case, at the end of the year written notice / can.

The notice must to **30.09.** of the year be received.

Name, first name / Company / Institution

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Date of Birth: (optional)

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Occupation: (optional)

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Street:

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Postcode / City:

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Country:

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Phone:

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Fax:

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E-Mail:

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Signature

(VAT for minors. Representative)

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location, date