Membership

Please fill in the application and send it to us!



Place for Strays - Streunerhilfe e.V.

Place and date

Vilbeler Landstraße 200b 60388 Frankfurt			E-Mail: info@placeforstrays.de	
Germany			Membership number:	
I hereby apply,				
Surname Street	First name		Date of birth	
Street	Post code	Ort	City	
Phone	Email			
the admission to the as The fee is €5 per month		trays - Strei	unerhilfe e.V. from: (starting date)	
Place and date	9	(in the case o	Signature f minors, the signature of a legal representative)	
	SEPA - direc		nandate	
Creditor identification numb	er: DE34 ZZZ 0000 2348	3212	Reference:	
I authorize the association Place same time, I instruct my bank t			yments from my account by direct debit. At the count by this association.	
Note: I can refund the amount amount desire. Applicable in thi			debit date. The reimbursement of the debited tions.	
5WVti bh'owner:				
IBAN:				
Credit institution:		ВІ	C:	
The data is stored on the electro	onic media for association ma	anagement durir	ng membership.	

(In the case of minors, the signature of a legal guardian is mandatory. With the signature, the legal guardians declare that they are willing to pay the contributions until the minor is of legal age.)

Signature