



I would like to become a member!

Name*:

First name*:

Institution:

Street/ Nr.*:

PLZ/ Ort*:

Phone:

E-Mail:

The fields marked with a * have to be filled! The other field help us and make our work easier. Therefore please at least tell us your email address. The filled form has to be send to Hanfparade.

I/ We would like to join the association Hanfparade e.V.:

as a reduced fee member (15,00 €per year)

For students, unemployed people, people under 16 and over 60, and everybody who cannot or does not want to pay more.

as member (25,00 €per year)

as sustaining member (50,- €per year or more)

Sustaining members will be noted on our flyers and posters

please use my **real name**.

please use **this alias**:

.....

I do not want you to announce my membership!

I/ we paid the membership fee:

against receipt in cash

transferred to the account of the Hanfparade

According to the resolution of the general meeting of members the membership fee has to be paid until the end of the second quarter of the business year. If you have not paid until this date your membership will end automatically.

X
Place and date

X
Sign