

Membership Form

Personal Information:

First given name: _____

Surname, title: _____

Date of birth: _____

Profession: _____

Employer/enterprise: _____

Contact details:

Street: _____

Post Code, City: _____

Phone number: _____

e-mail: _____

I ask for admission to the association "Forstfrauen" in the following category:

Full member (membership fee € 25,-)

Full member – students (reduced membership fee € 12,50)

Promoting member (membership fee € 50,-)

Date: _____ Signature: _____