



# Membership Form

Wild at Life e.V.

Company Name: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- I will pay the yearly membership fee for private members of € 50,- /  
for juristic persons € 100,-
- I will pay a voluntary higher membership fee of yearly € \_\_\_\_\_ , -  
(the higher amount can be changed for the next year)
- I will pay the reduced membership fee of yearly € 25,-  
(Trainees, students)

I will pay the yearly membership fee at the set date based on the actual incorporation of the foundation to the following account:

Wild at Life e.V.  
IBAN: DE12 8306 5408 0004 9477 03  
BIC: GENO DEF1 SLR (Deutsche Skatbank)

With my signature I accept the statute of the foundation and I declare the correctness of my information. I agree to the storage of my personal data.

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Date

Signature