



Membership Application Form

I _____ (first and last name) hereby apply for my membership in the association **Pateka e.V.**

Personal Information:

last name: _____	first name: _____
date of birth: _____	address: _____
postal code: _____	city: _____
phone number: _____	e-mail address: _____

Please check the boxes:

- 1 ☐ I apply for membership with an annual fee of EUR 60. The fee is due annually
- 2 on 01.02.20____.
- 3 ☐ I have read and understood the attached data protection information.

By signing this document, I acknowledge the currently valid version of the statutes as binding for me. I have reviewed and taken note of the current version of the statutes.

date

signature