

## Membership Application

I hereby apply for membership in the association Verein Kunst im öffentlichen Raum am Moltkeplatz Essen KaM e.V.. I am aware of the association's bylaws. I support the goals of the association.

My surname, given name, title: .....

Date of birth: .....

Mail address: .....

City, post code, country: .....

Phone: ..... Fax: ..... mobile: .....

email: .....

please **check** if all communication can be carried out by **email only** and no letter mail is required.

I shall pay my membership dues for the current year into the association's bank account

KaM e.V. IBAN DE54 3605 0105 0000 2844 89 BIC SPESDE3EXXX Sparkasse Essen

in the amount indicated below. **Please check the appropriate box.**

I am a natural or legal person, and I shall pay ..... **30 EUR**

for **two** members of a family or partnership who live at the same place, and who are both members of the association: **in total** ..... **40 EUR**

*Please fill in separate forms for each person.*

for **all** members of a family or partnership who live at the same place, including all children, juveniles, or students or persons attending any other form of education, and who are all members of the association: **in total** ..... **50 EUR**

*Please fill in separate forms for each person.*

I am without income or with little income, or I am a child or a juvenile under 18 years of age, or I am a student or attending any other form of education. **I attach proof** in this respect, and I apply for membership at a **reduced rate** ..... **10 EUR**

Place, date .....

Signature: .....

Please **sign** and **forward** to the association's secretary at the address below or email to **KaM@kunst-am-moltkeplatz.de** .

