

**Application for membership in
Dancers without Borders e.V.**



An
Tänzer ohne Grenzen e.V.
Lichtenrader Straße 18
D-12049 Berlin

Name: _____
First name: _____
Profession*: _____
Date of birth: _____
Street: _____
Postcode and place
of residence: _____
Telephone*: _____
E-mail: _____

(* voluntary information)

I hereby apply for membership in the association "Tänzer ohne Grenzen e.V." with an annual membership fee of 10,00 €.

The membership for one year and will be automatically renewed if it is not revoked in time before the end of the year.

I will transfer the due annual membership fee to the following account:

Kontoinhaber: Tänzer ohne Grenzen e.V.
IBAN: DE29100500000190340789
BIC: BELADEBEXX

Reason for payment: **Membership fee 20...**

Date and signature

Datum und Unterschrift