



## Confirmation of membership

I hereby apply for a membership in  
**Verein Tierfreunde Kreta e.V.**

**(please fill out legibly in block letters)**

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
day month year job (optional) academic degree / title (optional)

Address: \_\_\_\_\_  
zip code location  
street / street number state / country

Telephone: \_\_\_\_\_ Mobile : \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Minimum annual subscription for individual membership  € 30,-  
2. Minimum annual subscription for family membership\*  € 50,-  
3. Annual subscription higher than in indicated 1 or 2 desired €,- (Please fill in amount)

Donations and membership fees are deductible from taxes.

\* In case of family membership (children from the age of 10) please indicate other family members on the back side.

**All family members have to live in the same household!**

\_\_\_\_\_  
location date signature

I transfer my membership fee to the following account:  
Tierfreunde Kreta e.V., Bordesolmer Sparkasse, bank code 210 512 75,  
account number: 100 24 315  
(from abroad: IBAN:DE97 2105 1275 0010 0243 15 BIC:HSNDEH1BOR)

### Data protection note

I authorize the association Tierfreunde Kreta e.V. to store my personal data. These will be used exclusively by the management and by association internals. I object any transmission to third parties.

\_\_\_\_\_  
location date signature

**Please fill this form in and send it to the following contact address: Tierfreunde Kreta e.V., Stefan Beier, 71336 Waiblingen, Erbachhof 23, Germany** – A certificate will be issued to you at the beginning of the following year for amounts of more than €100, for sums of less than €100 you can use the paying-in counterfoil or bank statement.

More family members by family membership:

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Day Month Year Job (optional) Academic degree / title (optional)

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