

Membership application

NOVA EUROPA SOCIETY

Name:

Date of Birth:

Resident in:

I do ...

- ... a monthly contribution of 12.00 euros.
- ... a voluntary additional contribution of _____ euros per month.
- ... a monthly contribution of 6.00 euros for trainees and students, I am enclosing the relevant evidence.

I pay a one-time registration fee of 20 € to the account below with the first membership payment. Cancellation of membership must be communicated in writing.



Personal data:

mobile phone*:

Street, house number*:

Postcode City*:

E-mail address:

With* marked mandatory fields are mandatory, your data will only be kept by us and will not be passed on to third parties

Place, date, signature: _____