

<b><u>Question</u></b>	<b><u>Answer</u></b>
First Name	
Last Name	
Birthname	
Number and Street	
Zip Code	
City, State	
Birthday	
Profession	
Telefon	
E-mail	
Payment	I will transmit the membership fee of 15 Euros immediately and thereafter yearly on February 1st to the account of the Family Association: VEREINTE VOLKSBANK e.G. DORSTEN IBAN:DE 58 4246 1435 0965 159 800 BIC/SWIFT:GENODEM1KIH
Place	
Date	
Confirmation	Yes, I want to join the Family Association Klingelhöfer-Klingelhöffer e.V. and accept the terms of payment as stated above.