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Membership Application Form

I/We would like to become a member/members of the Neue Bachgesellschaft e.V. .

Name: _____

First name: _____

Institution: _____

Street: _____

Town/postcode: _____

Country: _____

Date of Birth : _____

Profession: _____

Phone: _____

E-Mail: _____

- Annual Membership Fee: 50,- € individual members
(please tick) 60,- € couples
 25,- € students (attach your student identity card)
 50,- € Corporate members/ Institutions

- Method of payment: by bank transfer
(please tick) by credit card: Visa Eurocard/Mastercard

Card Nr. _____ - _____ - _____ - _____

Expiry date: _____

Date

Signature