



Neue Bachgesellschaft e.V.
Postfach 10 07 27
D – 04007 Leipzig
E-Mail: info@neue-bachgesellschaft.de

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: €65 / single members
(please tick) €85 / couples
 €25 / students (attach your student identity card)
 €65 / corporate members/ institutions
 from €200 / Supporting membership

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

Card Nr. _____

Expiry date: _____

How did you hear about the Neue Bachgesellschaft? _____

Date

Signature