



Neue Bachgesellschaft e.V.  
Postfach 10 07 27  
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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: ☐ €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