



Freunde des Frankfurter
Max-Planck-Instituts
für europäische Rechtsgeschichte



-Application for membership-

I apply for the membership to the society „Freunde des Frankfurter Max-Planck-Instituts für europäische Rechtsgeschichte“

First name(s): _____ Last Name: _____

Address: _____

Phone number (private): _____ Business: _____

Email: _____ Fax: _____

Date of Birth: _____ Profession: _____

- I going to be an active member and pay an annual membership fee of 36 Euro / students
18 Euro (natural persons)
- I going to be a sustaining member and pay an annual membership fee of 100 Euro
(legal entities)

I agree that the here acquired information is recorded and used for the purposes of the society.

Date: _____ **Signature:** _____

I agree on the direct debit from my bank account:

IBAN: _____

BIC: _____

Bank: _____

Date: _____ **Signature:** _____

Registered on: _____

Signature Chairman of the Society