

Friendship Across Borders - FAB e.V.

co. Gerburg Rohde-Dahl

Kohlhöckerstraße 63

28203 Bremen



Declaration of Membership

I hereby declare my membership in the association FRIENDSHIP ACROSS BORDERS - FAB e.V.

Name, Surname _____

Birth date _____

Street _____

Zip code, City _____

Phone _____ E-Mail _____

I am willing to support the work of FAB with a membership fee.

A) I transfer my membership fee to Friendship Across Borders - FAB e.V.

☐ annually (120.- €) ☐ half-yearly (2 x 60.- €) ☐ monthly (12 x 10.-€) to the following Bank Account:

Friendship Across Borders e.V.

Sparkasse Mainfranken, Würzburg Account-Number: 41 45 14 85 BLZ: 790 500 00

IBAN: DE03 7905 0000 0041 4514 85

BIC: BYLA DEM1 SWU

B) Please debit the membership fee from my account (only German and Israeli Accounts):

☐ annually (120.- € / on March 1th) ☐ half-yearly (2 x 60.- €-/ on March 1th and Sept. 9th)

Account Number: _____

BLZ: _____

Bank: _____

IBAN: _____

SWIFT BIC: _____

Place, Date _____ Signature _____