



Ken Greenhalgh

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29683 Bad Fallingbostal

www.fallingbostelmilitarymuseum.de

Application form

I would like to apply for membership in the Fallingbostal Military Museum e.V.

Passive member Supporting member (non EU resident)

Name: _____ First name: _____

Date of birth: _____ Place of birth: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

I would like to receive association mail: YES NO

I have read the association statutes, am aware of the aims, annual member commitments and fees. I agree to have my personal data used and saved for association administration.

Date: _____ Signature: _____

For management committee use only :

Application as of _____ approved.
Application from _____ denied.

Membership number : _____

Date / Signature: _____