



Membership Application Form

To Friends of Salem Association –
Vereinigung der Förderer der Schule Schloss Salem e.V
Schule Schloss Salem
D-88682 Salem

Phone: +49 (0) 75 53 / 919-500
Fax : +49 (0) 75 53 / 919-380
info@foerderverein-salem.de

My membership / my donation

- I wish to pay the recommended membership fee of 300 € per year
- We pay the annual membership fee recommended for couples or companies of 500 €
- I will pay the annual membership fee recommended for Schule Schloss Salem employees of 50 €
- I prefer to donate an annual contribution of _____ €
- I do not want to become a member, but donate a lump-sum payment of _____ €
- I am / we are interested in sponsoring scholarships.
Please send me / us information about scholarships at Schule Schloss Salem

My membership / I pay for my donation:

- by transfer to the bank account of the Friends of Salem Association
Sparkasse Salem-Heiligenberg
Kontonummer: 2 013 001 IBAN DE37690517250002013001
BLZ: 690 517 25 BIC SOLADES1SAL

- via direct debit (only within Germany)

IBAN: _____

Sort Code: _____

Annual deduction on (day/month): _____

Sender:

First name: _____

Date of birth: _____

Name: _____

Phone: _____

Street address: _____

Mobile: _____

Zip code, City: _____

Fax: _____

Company: _____

E-Mail: _____

I / we wish to be informed by post by e-mail

I / we agree that my / our e-mail address may be passed on to other members of the Friends of Salem Association

yes no

Place, date: _____

Signature: _____