



Membership Application

According to the articles of association of the Registered Association of the Friends of the Ballettzentrum Hamburg, I hereby submit my membership application:

Name/First Name: _____

Address/Street: _____

Postcode/City: _____

Phone: _____

Email: _____

Date of Birth: _____

Until further notice, I will transfer annually the sum of _____ Euro (Minimum contribution 130 Euro / Married couples and registered life partnerships 200 Euro / Students 50 Euro) as a donation to the Association to the following account:

Deutsche Bank, Hamburg
Account Holder: Freunde des Ballettzentriums Hamburg e.V.
BIN: 200 700 24
Bank Account No.: 46 32 733
IBAN: DE73 2007 0024 0463 2733 00
BIC (SWIFT): DEUTDEDBHAM
DE07zzz00000804458

As a registered not-for-profit (charitable) association, membership fees and donations are tax deductible. Please send me a donation receipt to the address listed above.

Date

Signature

Fax: +49 (0)40 21 11 88 17

Postal Address: Ballettzentrum Hamburg, Caspar-Voght-Strasse 54, 20535 Hamburg

More Information can be found on the Friends of the Ballettzentrum Website
www.freunde-des-ballettzentriums.de