Declaration of accession

I acknowledge the <u>statutes</u> and the <u>privacy policy</u> of the above-mentioned association and apply for admission as a member of the "Verband des Haus Schilling e.V."

Name:	First Name:	First Name:		
Birth Name:	Occupation:	Occupation:		
born on:	in:			
Address:				
Tel-No.:	E-Mail:			
My relationship to the Schilling family:				
I belong to the following subtribe:	west	south	east	
Father's first and last name:				
First and maiden name of the mother:				
Other relatives:				
Date: Signature Applican For my partner and me, I apply for a joint me complete the following and return it to the of	embership at a redu fice with the partne	ced annual fee. If a er's signature. Your,	pplicable, please /His data are as follows:	
Name:	First Name:			
Birth Name:	Occupation:			
born on <u>:</u> in:				
Tel-No.:	E-Mail:			
Partner's signature:	y the partner)	_		
Children (up to the age of 18 free of member	fees):			
Child 1: First and last name:		Date	of birth	
Child 2: First and last name:		Date	of birth	
Child 3: First and last name:		Date	of birth	
Child 4: First and last name:		Date	of birth	