

## Membership Application

I hereby apply for membership in the association Verein Kunst im öffentlichen Raum am Moltkeplatz Essen e.V. KaM. I am aware of the association's bylaws. I support the goals of the association.

My surname, given name, title: .....

Date of birth: .....

Mail address: .....

City, post code, country: .....

Phone:..... Fax: ..... mob .....

email: .....

- please **check here** if all communication with you can be carried out by **email only** and no letter mail is required.

I shall pay my membership contribution for the current year into the association's bank account KaM e.V. IBAN DE54 3605 0105 0000 2844 89 BIC SPESDE3EXXX in the amount indicated below. **Please check the appropriate box.**

- I am a natural or legal person, and I shall pay **30 EURO**

- I am a member of a family or of a partnership. We reside at the same location. Jointly with me the following person also applies for membership or is already a member of the association.

Name of the additional person: .....

For this reason I shall pay **20 EURO**

- I am without income or with little income or I am a child or a juvenile under 18 years of age or I am a student or attending any other form of education. I **attach proof** in this respect. For this reason I apply for membership at a **reduced rate** of **10 EURO**

Place, date .....

Signature: .....

Please fill in a separate sheet for each person and forward it **duly signed** to the association's **secretary at the address below** or email to **KaM@kunst-am-moltkeplatz.de** .

