

## Membership Application

(mark the appropriate)

**O** Herewith I apply as a member of the Verein der Freunde des Wolf Kahlen Museums Bernau e.V.

I want to support the association annually with .....

- as a single member
- as a family
- as a company or association
- as donor
- as sponsor

**O** I have only little money, but a lot of energy and offer my practical help and support in accordance with your needs by appointment. I contact before:

[wolf-kahlen.museum@wolf-kahlen.net](mailto:wolf-kahlen.museum@wolf-kahlen.net)

## Donations

**O** I / we am / are happy to donate the amount of ..... Euro as help to secure your program.

Name .....

First name .....

E-Mail .....

Street Nr. ....

Code, city .....

Born at .....

Telephone / Fax .....

Date, signature.....

I agree that my contribution shall be drawn from my account

Account-No. -----

Bank Identification No. -----

Bank -----

Date, signature -----

By mail to:

An den Vorstand des  
Freunde des Wolf Kahlen Museum Bernau e.V.  
c/o Wolf Kahlen Museum  
Am Pulverturm  
16321 Bernau

or email to:

[wolf-kahlen.museum@wolf-kahlen.net](mailto:wolf-kahlen.museum@wolf-kahlen.net)