MEMBERSHIP APPLICATION



meets Frank Zappa



Arf Society e.V.

Main office

Am Markt 3

D- 18209 Bad Doberan Germany

fax: +49 (0) 38203-598-323



Name:
First name:
Street:
ZIP and City:
Telephon:
eMail:
Date of birth:
Signature:

Annual fee:

If applicant is a minor signature of parents

(starting from 01.01.2009 after resolution on the annual general meeting)

or legal guardian:

Euro 50,00 Adults: Euro 15,00 Minors:

Non-residents of the Federal Republic of Germany:

I/we hereby give permission to the Arf-Society e.V. in Bad Doberan, Germany to charge the annual membership fee to my credit card.

The membership fee is payable upon admission and on 1 st January of each year.

Visa Euro / Master Card
expiry date MM/YY:
check number CVV/CVC
Name of CreditCard Owner

Signature:

City, Date: