



Frankfurt English Speaking Theatre (FEST) e.V.

Membership Application

[date submitted: ___/___/___]

Name		Date of Birth	
Address	[incl. PLZ & town]		
Email			
Home tel.		Mobile	

Membership Category

- Single: 35 €** (reduced to 30 € if paid by direct debit)
- Student/Pensioner/Unemployed: 15 €**
- Family: 55 €** (reduced to 50 € if paid by direct debit) **[Details of Family members below]**

Name		Date of Birth	
Name		Date of Birth	

[continue on reverse if necessary!]

Payment by

- Direct debit** [preferred by FEST]
 - Cash to** _____
 - Bank transfer** to FEST e.V., Account no. 200326457 BLZ 500 502 01 (FraSpa)
- Please print **your own name** and "**FEST dues**" as the 'Verwendungszweck'.

Voluntary information

Please tell us briefly what brought you to FEST, and what skills & experience you can offer:

[continue on reverse if necessary!]

Please post or email completed form to Membership Secretary:

Kerstin Buck Seehofstrasse 8 60594 Frankfurt am Main KersBuck@web.de

I understand that payment of the membership fee entitles me to one year's membership (1 January - 31 December) of Frankfurt English Speaking Theatre FEST e.V., that I am fully entitled to participate in all FEST theatrical, creative and social activities, and that insurance cover is provided should I choose to participate in theatre activities. I accept and agree to abide by the articles of the constitution.

Signed, date _____