



## AFLOAT E.V.

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### MEMBERSHIP FORM

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FIRST NAME:

LAST NAME:

ADDRESS:

POSTAL CODE:

CITY:

PHONE NUMBER:

EMAIL ADDRESS:

I, \_\_\_\_\_ would like to be a member of Afloat e.V. and agree to pay a yearly fee of €40.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

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### BANK INFORMATION

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To complete your membership, please transfer the membership fee using the bank account information below.

**Kontoinhaber:** Afloat e.V.

**IBAN:** DE20 6725 0020 0009 3273 63

**BIC:** SOLADES1HDB

**Bank Name:** Sparkasse Heidelberg