

KÜNSTLERHAUS STUTT GART

MEMBERSHIP APPLICATION

I want to enlist as a member of Künstlerhaus Stuttgart Reuchlinstraße e.V.:

name: _____

adress: _____

phone: _____ fax: _____

e-mail: _____

I hereby confirm my subscription to the Künstlerhaus Stuttgart newsletter. As a member, I will receive information and invitations from Künstlerhaus regarding its programme and activities, unless I decide to unsubscribe.

city: _____ date: _____

signature: _____

() single membership: annual fee 25 Euro

() sponsorship* (250 Euro or more): amount _____

* Donation receipts can be provided upon request.

() My child is / My children are visiting the Children's Workshop of the Künstlerhaus.

name/s of child/ren: _____

group/weekday: _____

I hereby authorize Künstlerhaus Stuttgart to debit my membership fee as indicated above from the following account (valid until recalled):

account holder: _____

bank: _____ BIC/SWIFT-Code: _____

account no./IBAN: _____

city: _____ date: _____

signature: _____

The membership fee can also be transferred to the Künstlerhaus account or paid in cash at the Künstlerhaus office.