

Declaration of accession

I hereby declare my accession to the non-profit organization Rays of Hope e.V.



.....
surname name date of birth

.....
street and house number zip code city

.....
phone mobile phone e-mail

I acknowledge the current statutes of Rays of Hope e.V. including the supplementary regulations and undertake to pay the following annual **membership fee** by bank transfer/direct debit.

EUR 120,00

Rays of Hope e.V. Postbank Dortmund
IBAN DE32 4401 0046 0995 912 467
BIC PBNKDEFF

The statutes and the supplementary regulations can be viewed by any member of the executive board. I agree that my data will be stored exclusively for Rays of Hope purposes.

.....
date city signature

Please complete this form and send it by email to kontakt@rays-of-hope.de or by post to Rays of Hope e.V. c/o Dr. Katrin Emmrich - Nordendstrasse 34 - 60318 Frankfurt GERMANY