

<p style="text-align: center;">Membership Application Friends of Berlin Metropolitan School e.V. (FoBMS)</p>
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New member (PLEASE PRINT)

Surname: _____

First Name: _____

Street: _____

Post Code: _____ City: _____

Telephone: _____

eMail: _____

1st Child (Surname, first name) _____ Class: _____

2nd Child (Surname, first name) _____ Class: _____

3rd Child (Surname, first name) _____ Class: _____

I would like to become a member of the „Friends of BMS e.V.“
as soon as possible. Please email the confirmation to the above mentioned email address.

I agree to receiving regular email updates and newsletters from the Parent Initiative.

Direct Debit:

I herewith agree that FoBMS can collect by means of electronic banc withdrawal the yearly membership fee of € 40 from my below account:

Account owner: _____

Account #: _____ Banc Code: _____

Berlin, (date) _____

Signature: _____