



Application for membership of the Christian Liebig Foundation / Christian- Liebig-Stiftung e.V.

Please send the completed form and send it to us by E-Mail or fax:

Email: mitglieder@christian-liebig-stiftung.de

Fax: +49 89 9250-26 20

Company:

Name:*

First Name:*

Street:*

No:*

Zip:*

Place:*

Country:*

Age:*

Profession:*

Phone:*

Email:

I agree, that the Christian-Liebig-Stiftung e.V. debits directly 60 Euro per year from the following bank account to cover the fee of my membership.

Account number:*

Bank Code:*

Bank:*

Name of account holder:*

IBAN:*

Swift-Code:*

Place:

Date:

Signature:

Fields marked with * must be completed.

Copyright © 2011 by Christian-Liebig-Stiftung e.V. • Arabellastraße 23. • 81925 München