



**MEMBERSHIP FORM**  
**DENK.RAUM.FRESACH**  
Non Profit Organisation

Title/Name: .....

Company: .....

Date of birth: ..... Nationality: .....

Address/Street: .....

Postal code / City: .....

Country: .....

Phone number: ..... Fax number: .....

Email: .....

Please choose type of Membership (yearly fee)

- Individual (50 €)
- Legal Person (250 €)
- Supporting Member (250 €)
- Supporting Company (500 €)
- Premium Membership (1.000 € plus)
- One-time Donation - Please insert endowment here: .....

Date of Accession: ..... Signature:.....