

Membership Application Form

I would like to apply to join the association
„Menschenrechtszentrum Cottbus e.V.“

Il accept the Statutes and commit to paying
a monthly fee of **2.00 Euros**.

I will pay the fee:

☐ in cash ☐ by standing order ☐ by bank transfer

.....
Name

.....
Date of birth

.....
Adress

.....
Phone

Fax

.....
Mobile

.....
E-mail

.....
Profession

Have you ever been imprisoned for political reasons? ☐ Ja ☐ Nein

If **yes**, please complete:

.....
In prison in

.....
from

to

.....
Sentenced to

.....
Grounds (Paragraphs / Article)

.....
Enforced at

.....
from

to

I consent to my personal data being used for research and administrative
purposes by the association **„Menschenrechtszentrum Cottbus e.V.“**

.....
Date, place

Signature