

WALLY-NEUZIL-GESELLSCHAFT/WALLY-NEUZIL-SOCIETY

www.wallyneuzil.eu

c/o Dr. Robert Holzbauer
Schloßgasse 56
A-2500 Baden bei Wien, Austria

DECLARATION OF MEMBERSHIP

(Title) _____

First Name(s): * _____

Name : * _____

Adress: * _____

Phone: _____

E-mail: * _____

I hereby apply for the membership in „Wally-Neuzil-Gesellschaft/Wally-Neuzil-Society“ as a

Studen (7,50 € p. a.)

Member (15 € p. a.)

Supporter (50 € p.a.)

Please transfer the annual fee to:

Wally-Neuzil-Gesellschaft

Volksbank Wien

IBAN: AT064300022335539007

BIC: VBOEATWW

I accept the statutes of Wally-Neuzil-Society. I am aware, that my membership is valid after paying the annual fee and confirmation of the membership by the executive board.

I do not want that my membership is publicly communicated.

Place and date *

Signature: *

* please fill in!