

Circle of Friends – Membership Form

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Yes, I would like to be a member of the Global Contact Foundations Circle of Friends.

First Name: _____

Surname: _____

Address: _____

Postcode /

Town: _____

Telephone: _____

Fax : _____

E-- Mail:

Town and Date

Signature

I would like that my yearly contribution is taken from the following Account.

(After the first contribution, your money will be transferred to us once a year, in January)):

Name of Account holder: _____

Account No: _____

Sort Code _____

Roll number _____

Name of Bank: _____

IBAN Number : _____

Swift (BIC Number) _____

My yearly contribution : _____ EURO

(We recommend a yearly contribution in excess of 50 Euros. For Students a reduced fee is available of 25 Euros. If you leave the box empty, 50 Euros will be debited from your account)

Town and Date

Signature

I would like to transfer my yearly contribution into the following Account

Thank you for your membership!

(After the first contribution, we would like to receive contributions once a year, in January)

Bank	Hypo Vereinsbank
Account Number.	335 929 799
Sort Code	720 200 70
Reason for Payment	Beitrag Freundeskreis (2004/Jahr)
IBAN	DE83 7202 0070 0335 9297 99
Swift (BIC)	HYVEDEMM408

Thank you for your membership!