

Haiku Support Association e.V. Membership application

HSA e.V.
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Germany

These details, in accordance with German Data Protection Legislation, will only be used by the association for administrative purposes and not made available to third parties.

[You can fill out the form before printing, if your PDF viewer supports this. Otherwise, please write legible in block letters.]

First name

Surname

Street

Postal code

City

Date of birth

Telephone

Mobile

E-mail

Yes, I would like to join the HSA e.V.

Yes, I have read and agree to be bound by the charter.

Yes, I have read the association's schedule of fees.

Date, Location

Signature of applicant

Signature of parent or guardian (in the case of a minor)