

MEMBERSHIP DECLARATION

*SOCIETY OF FRIENDS AND PATRONS OF
THE FRIEDRICH SCHILLER UNIVERSITY JENA E. V.*



FAMILY NAME, FIRST NAME, TITLE: _____

DATE OF BIRTH: _____

PERSONAL MEMBER: _____

COMPANY / ASSOCIATION: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

I/we hereby declare my/our membership of the Society of Friends and Patrons of
the Friedrich Schiller University Jena e.V.

It will/we will pay an annual contribution of _____ euros.

In addition, I/we agree to make a one-time voluntary donation of _____ euros
to support the association and to transfer this donation to the account of the association.

IBAN: DE78 8204 0000 0253 9609 00

BIC: COBADEFFXXX

Commerzbank Jena

DATE: _____ SIGNATURE: _____