

Pease fill in and send it back with
two pass photos !!!

Member No.:.....
Wings No.:

MEMBER FORM

N A M E : First Name:.....

Address:.....
(Street, City, State, ZIP, Country)

Phone (private):.....

Phone (official):.....

Mobile:

Fax:.....

Email:..... Homepage:

Rank:..... ID-No.:

Date of birth:

Blood group:..... Unit:

Country:

Member since:.....

Banking arrangements:
(for refund only)

IBAN:.....
SWIFT:.....
NAME:.....

Awarded Wings:

EMPA - BRONZE:.....
(Date)

EMPA - SILVER:
(Date)

EMPA - GOLD:
(Date)

EMPA - Freefall – BRONZE:
(Date)

EMPA – Freefall – SILVER:
(Date)

EMPA – Freefall – GOLD:
(Date)

Qualifications:
.....
.....

.....,
(City) (Date)

.....
(Signature)

I agree to the storage of my personal data exclusive for the use of the association. Passing on others is hereby impossible.
