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:.....

Sitz / Büro / Office: EMFV e.V. z.Hd. Adelbert Schömer, D-83026 Rosenheim, Heilig-Blut-Straße 52
☎ 0049 (0) 8031- 33146; Mobil: 0049 (0) 170-3229218; FAX: 0049 (0) 8031- 615303
E-Mail: adelbert.schoemer@t-online.de Homepage: http://www.european-paratrooper.de
Bank name: Sparkasse Rosenheim; IBAN:DE46 7115 0000 0500 2280 85; SWIFT-BIC:BYLADEM1ROS

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 assocciation.
Passing on others is hereby impossible.