

APPLICATION FOR MEMBERSHIP
Vereinigung Deutscher Orchideenfreunde V.D.O.F. e.V.



Please send your registration to:

Geschäftsstelle der V.D.O.F. e.V.
Frau Karin Bechstein
Bevertalstraße 12
D-37176 Bishausen

GERMANY

YES, I want to become a member of the V.D.O.F. e.V.

Name:

First Name:

Address:

Address (cont.):

Address (cont.):

Phone / eMail:

Date of birth:

I have transferred my annual membership fee of currently 45,00€ plus a one-time 10,00€ post & packaging charge to:

VDOF e.V.
Deutsche Bank
account No 6425888
bank code 360 700 24

BIC: DEUTDEDBESS
IBAN: DE75 3607 0024 0642 5888 00

Place, Date :

Signature: _____