



MEMBERSHIP APPLICATION

BUCHSTABEN
MUSEUM

JOIN THE FRIENDS OF THE MUSEUM OF LETTERS

Yes, I want to join the Friends of the Museum of Letters (Buchstabenmuseum). I will receive regular updates on activities, new letterforms and other typographic attractions. Membership includes attendance at the annual general meeting of the Friends of the Museum of Letters plus free entry to all exhibitions and special events at the museum. The membership fee consists of:

1. The **admission fee** (payable once only)
This fee is 1 Euro per letter for the number of letters in your full name as it is stated in your passport.
2. The **annual Membership Fee** (including a donation)
This is made up of the Basic Membership sum of 5 Euro plus a guaranteed donation of 21 Euro.
3. Plus an annual **voluntary donation to support the museum.**
The amount of this voluntary donation is at your discretion and can be cancelled in writing at any time.

PRESERVING AND DOCUMENTING LETTERFORMS

BUCHSTABENMUSEUM E.V.
SCHAUDEPOT BERLIN CARRE
KARL-LIEBKNECHT-STRASSE 13
10178 BERLIN

WWW.BUCHSTABENMUSEUM.DE

Please fill in this application and return it signed to above address. Or come and visit us at our showroom!

We look forward to having you as a member!

I WANT TO JOIN!

FIRST NAME(S) _____ EURO

SURNAME _____ EURO

DATE OF BIRTH _____

ADDRESS _____

POSTCODE, TOWN _____

TELEPHONE, MOBILE _____

EMAIL ADDRESS _____

PROFESSION, INTERESTS _____

Please send me an annual receipt for my donation (tick if applicable).

I LOVE THE MUSEUM OF LETTERS AND WANT TO SUPPORT IT!

I therefore increase my personal membership fee from the basic fee of 26 Euro to the following amount: _____ EURO

BANK DETAILS

Please remit your annual membership fee and donations to the following account by 30 March of each year at the latest. We are sorry, but direct debit is not available for foreign bank accounts.

Buchstabenmuseum e. V.

Cronbank AG

Bank code 505 300 00

Account No 00 00 26 69 06

IBAN DE 1750 5300 0000 0026 6906

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