



ISPA – Insurance Solutions for People Abroad e. V. ● Am Herz-Jesu-Kloster 20 ● D-53229 Bonn

Application

I hereby apply from _____ for admission to the ISPA e.V.		
Type of membership (please tick):	Full member <input type="checkbox"/>	Passiv member <input type="checkbox"/>
	Supporting member <input type="checkbox"/>	

Personal data/Company/Institution

Firm		

Last Name	First Name	Date of birth

Postal Code, Place	Street, No.	Phone

e-Mail address	Homepage	

Recognition of the regulations of the association

With the admission into the association I receive knowledge and recognize expressly
<ul style="list-style-type: none">• the statutes and association rules of the association• the membership fee regulations of the association and the respectively valid membership fee rates.
_____ Date, Signature