



REGISTRATION FORM

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Profession: _____

Address and Tel. No. in Germany: _____

Contact Address and Tel. No. in Your Homeland:

Next of kin

Mr/Mrs: _____

Address: _____

Reference (Name and Address): _____

Please choose a membership from the list:

- Regular If you intend to attend meetings regularly and participate in all activities.
- Distant If you are living more than 70km from Kassel, but intend to participate in all activities.
- Family If your spouse/partner/parent is already a Regular member.
- External If you intend not to participate in our activities, maybe because you are already committed to another union.
- Supporting If you intend to occasionally give support to the union without the usual commitments.

By signing and submitting this admission form, you confirm that you have read and agree to the official rules and terms stated in the By-Laws and Constitution of Edo Community e.V. Kassel.

Date, Signature