

Application Form

I hereby apply for a membership of the Friends of Metropolitan School Frankfurt e.V. ("Förderverein")

Surname Name.....

Street.....

ZIP Code, place

Email.....

Telephone number

.....,
Place Date Signed

The minimum annual contribution per member currently is €20 and is payable immediately or at the latest by July 31st each year, unless you notify us otherwise.

I authorize that the amount of €..... may be debited from the following account:

Account holder

BLZ: Account no.:

Bank:

.....,
Place Date Signed

Please return to our Friends of Metropolitan ("Förderverein") post box near the school office.