

## Registration for Membership / One-Time Donation Please fax to: +49(0)89/982 8712

I / We	wish to join the Freunde des	Tel Aviv Museum	of Art as a		
	Regular member	(annual contribution € 500)			
	☐ Couple member (a		(annual contribution € 700)		
☐ Youth member		(up to 35 years of age / annual contribution € 150)			
	Corporate member	(annual contribution € 2,400)			
	$\hfill\Box$ I would like to make a one-time donation of $\ensuremath{\in}$				
		details: HypoVer	einsbank, <b>Account N</b>	of the <i>Freunde des Tel Aviv Museum o</i> . 1 <b>0.</b> 411 59 820, <b>German Bank Routi</b> YVEDEMMXXX).	
	☐ I hereby authorize the <i>Freunde des Tel Aviv Museum of Art, Deutschland e.V.</i> to debit the annual contribution from my / our bank account until further notice.				
Last na	ame		First name	Date of Birth	
Street Address			Postal code, City		
Telephone / Fax  Account Holder			E-mail  Credit Institution		
IBAN			BIC code		

Membership can be terminated at the end of the year by giving 4 weeks notice.

Signature

Location, Date