



Friends of Phorms

Förderverein der Phorms-Schulen München e.V.

**Application for the Admission to the
"Friends of Phorms
Förderverein der Phorms Schulen München e.V."**

Herewith I / we

(last name, first name)

(address)

(phone number and email)

apply to become a member of the

„Friends of Phorms Förderverein der Phorms Schulen München e.V.“

My / our child / children

Child 1: _____

(last name, first name, date of birth, class/group)

Child 2: _____

(last name, first name, date of birth, class/group)

Child 3: _____

(last name, first name, date of birth, class/group)

Child 4: _____

(last name, first name, date of birth, class/group)

I am familiar with the Fee Schedule as well as the Statutes¹⁾ of the „Friends of Phorms Förderverein der Phorms Schulen München e.V.“

Munich, _____

(date)

(signature)

1) At the moment there is a German version available only!