



Form to send at:

contact@museum-of-colours.org

or

Ein Museum der Farben e.V.

Köpenicker Str. 4, 10997 Berlin

MEMBER

Title:

First Name:

Last Name:

Date of birth:

Address (street, number, zip code, city, country):

Email address:

Phone number:

ORGANISATION

Name:

Type:

Your function:

SUBSCRIPTION FEE 10 €

Payment options :

Cash payment

Bank transfer

Our bank details (additional fees must be financially supported by the subscriber in case of a non-EU wire transfer):

Deutsche Skatbank
IBAN : DE71 8306 5408 0004 8782 56
BIC (SWIFT-Code) : GENO DEF1 SLR

TELL US MORE ABOUT YOU

How did you first heard about The Museum of Colours?

Are you a member of other cultural or scientific organisations ?

No

Yes

If yes, which?

Which talent or skills would like to put at The Museum of Colours's disposition?

I would like to hear from The *Museum of Colours via the* newsletter.

Date

Place

Signature (original or scanned)