

Pease fill in and send it back with
two pass photos !!!

Member No.:

Wings No.:

MEMBER FORM

N A M E : First Name: _____

Address: _____
(Street, City, State, ZIP, Country)

Phone (private): _____

Phone (official): _____

Mobile: _____

Fax: _____

Email: _____

Rank: _____

Date of birth: _____

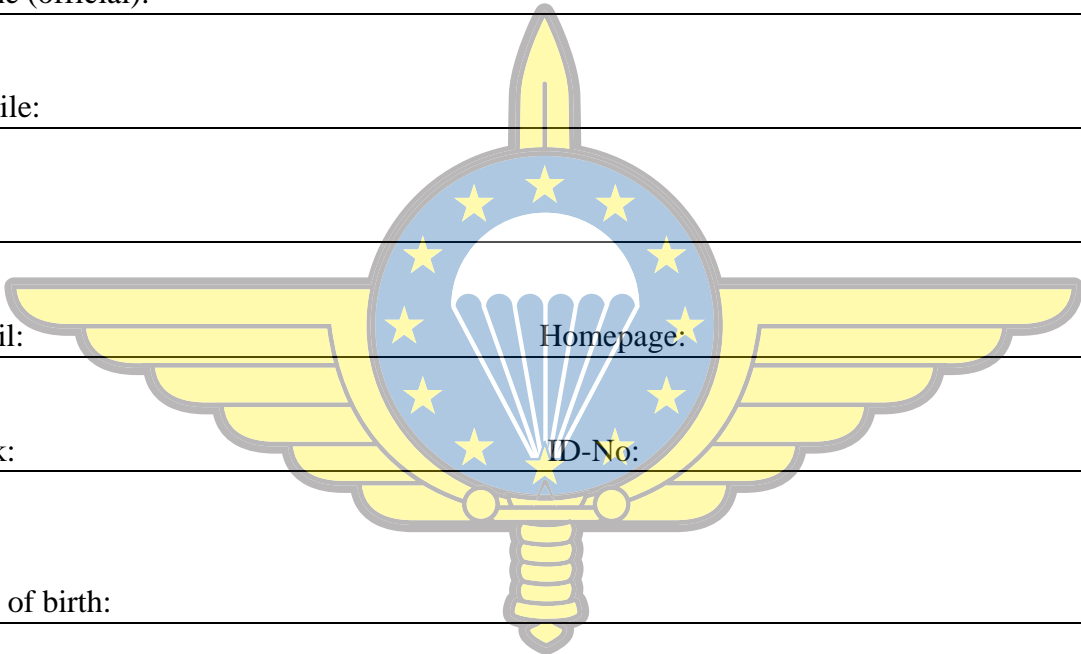
Blood group: _____

Unit: _____

Country: _____

Member since: _____

Sitz / Büro / Office: EMFV e.V. z.Hd. Adelbert Schömer, D-83026 Rosenheim, Heilig-Blut-Straße 52
☎ (0049 (0) 8031) 33146; FAX: (0049 (0) 8031) 615303 (if you want to fax me, you have to call first) ;
E-Mail: Adelbert.Schoemer@t-online.de; Homepage: <http://www.european-paratrooper.de>
Bankverbindung : Sparkasse Rosenheim, Konto - Nr. 500228085, BLZ: 711 50000
IBAN:DE46 7115 0000 0500 2280 85; SWIFT-BIC:BYLADEM1ROS



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Member No:

Wings No.:

Banking arrangements:
(for refund only)

Awarded Wings:

EMPA - BRONZE:.....
(Date)

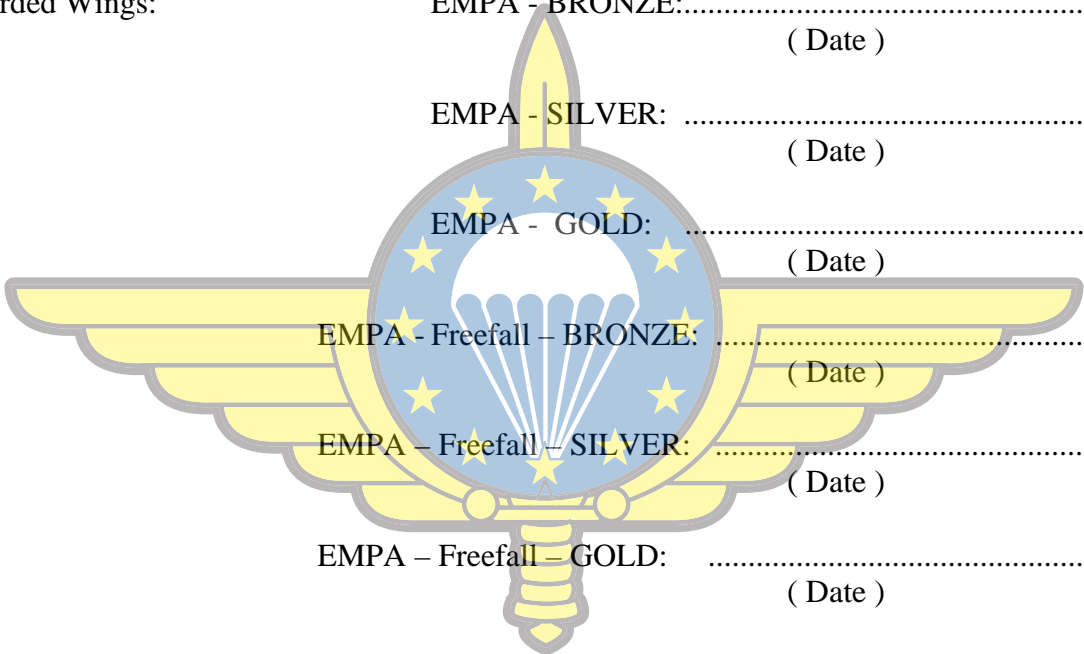
EMPA - SILVER:
(Date)

EMPA - GOLD:
(Date)

EMPA - Freefall - BRONZE:
(Date)

EMPA - Freefall - SILVER:
(Date)

EMPA - Freefall - GOLD:
(Date)



Qualifications:
.....
.....

.....
(City) (Date)

.....
(Signature)