

## Registration Form for Kind & Kunst Membership

- |  |     |        |
|--|-----|--------|
| <input type="checkbox"/> Children/Students | CHF | 30.00  |
| <input type="checkbox"/> Adults            | CHF | 100.00 |
| <input type="checkbox"/> Couples/Families  | CHF | 150.00 |
| <input type="checkbox"/> Companies         | CHF | 350.00 |
| <input type="checkbox"/> Supporter         | CHF | 500.00 |

**First Name** .....

**Surname** .....

**Street/No** .....

**Postal Code** .....

**City** .....

**Country** .....

**Tel.** .....

**email** .....

Please submit this form to Kind & Kunst:

info@kind-kunst.org oder by Fax +41 44 463 12 19

By post: Verein Kind & Kunst, Postfach 316, CH-8702 Zollikon

Bank data for money transfer:

IBAN CH69 0900 0000 8710 0633 0

BIC POFICHBEXXX

PostFinance: 87-100633-0

**Thank you very much for your donation and your support!**