

Membership form Queers & Friends

Name: _____

E-Mail: _____

Phone number (optional): _____

Birthday (optional): _____

Major (optional): _____

By filling out and submitting this form you confirm that you read the initiatives constitution and understood everything. The board decides about accepting or refusing your request. After your membership is confirmed, the board will contact you. Your privacy is respected, and your data will not be handed to third parties without your consent.

Signature applicant, place and date

Only for board members to fill out!

Admittance: Yes No

Reason (if request is denied):

Signature board member, place and date