Mäi Wëllen
Mäi Wee

Association pour le Droit de Mourir dans la Dignité - Lëtzebuerg a.s.b.l.
Reconnue d'utilité publique

# Membership Application

Name, firstname: .....

Address: .....

.....

Zip code: .....

City: .....

Year of birth: .....

Citizenship: .....

Phone number: .....

I would like to receive the newsletter via email: YES ◯ NO ◯

Email address: .....

## The annual membership fee is 25€ per person:

◯ paid by standing order (annually)

◯ paid by bank transfer to one of our accounts

**Bank accounts:**

CCPLLULL LU97 1111 1021 7837 0000

BGLLULL LU42 0030 1828 4534 0000

**Payconiq:**

I would like to support the association **Mäi Wëllen, Mäi Wee** with an additional donation (tax deductible):

◯ with a one-time contribution of ..... €

◯ with an annual contribution of ..... €

Date: .....

Signature: .....

**Please send the form to the following address:**

**Mäi Wëllen, Mäi Wee**
**1b, rue Thomas Edison**
**L-1445 Strassen**