Surname:	
Name(s):	
Date of birth:	
Profession:	
Address (Street, Nr., Postcode, town/city):	
Phone number(s) and email address:	_
I agree to the statutes of the Verein für anglikanische und ökumenische Theologie as well as annual membership fee of 12 €, and I declare that I wish to become a member.	s to the
Place, date:	_
Signature:	

Membership Application for 'Verein für anglikanische und ökumenische Theologie e.V.'

Thank you very much for your application! Please send this form to verein@lancelotandrewes.org and we will be back to you in due time.