

Application for Membership

I apply for membership in the
Association of the House of Schilling
(Verband des Hauses Schilling e.V.)

Name:..... Christian name:.....

Maiden name:..... Profession:.....

Date of birth:..... Place of birth:.....

Address:.....
.....

Tel-Nr.:..... Fax-Nr.:.....

E-Mail:.....

Relationship to the Schilling family:

I am descendant of branch: western
 southern
 eastern

Name and christian name of father:.....

Name and maiden name of mother:.....

Different relationship:.....

Name of wife/spouse (incl. maiden name):.....

Name and age of children:.....

Date:

Signature