Verband des Hauses Schilling e.V., VR Koblenz Nr. 1685, Stolze-Schrey-Str. 8a, 55124 MAINZ, GERMANY

Declaration of accession

I acknowledge the statutes and the privacy policy of the above-mentioned association and apply for admission as a member of the "Verband des Haus Schilling e.V."

Name: ..... First Name: .....

Birth Name: ..... Occupation: .....

born on: ..... in: .....

Address: .....

.....

Tel-No.: ..... E-Mail: .....

My relationship to the Schilling family:

I belong to the following subtribe: west ◯ south ◯ east ◯

Father's first and last name: .....

First and maiden name of the mother: .....

Other relatives: .....

Date: _____ Signature Applicant: _____

For my partner and me, I apply for a joint membership at a reduced annual fee. If applicable, please complete the following and return it to the office with the partner's signature. Your/His data are as follows:

Name: ..... First Name: .....

Birth Name: ..... Occupation: .....

born on: ..... in: .....

Tel-No.: ..... E-Mail: .....

Partner's signature: _____
(the joint membership must also be signed by the partner)

Children (up to the age of 18 free of member fees):

Child 1: First and last name: ..... Date of birth .....

Child 2: First and last name: ..... Date of birth .....

Child 3: First and last name: ..... Date of birth .....

Child 4: First and last name: ..... Date of birth .....

Ver. 11.2026