



Asatru Europe Network e.V.
Postfach 320167
50795 Köln
Germany

board@asatru-europe.network

Application for individual membership

I want to join AEN as an individual member.

Full name: _____
First name, last name (legal names), desired name to be addressed by if applicable

Date of birth: _____
DD-MM-YYYY

Postal address: _____
Street address, ZIP Code, City, Country code

Email address: _____
required

Phone nr.: _____
optional, if used incl. country code

- ☐ I fully accept and support the Statutes and the Mission Statement of AEN.
- ☐ I agree with AEN storing and processing my personal data for administrative purposes only.
- ☐ I am aware that my membership is only valid once AEN confirms my application. If not decided otherwise, the membership will be a sponsoring membership for at least a year and a day. See Statutes § 6, Section 1.
- ☐ I am aware that membership fees will be raised and I will receive payment notifications via email once these are due. No payments have to be made without notification.
- ☐ I accept that all legal correspondence with AEN will be via email and that it is my obligation to monitor my email inbox and that I am obliged to notify AEN if my email address changes.

Location, date

Signature

Please send this application via regular mail to the AEN postal address in the upper right corner of this form. It is also possible to send the application as a scan or photograph to the email address of the Board of AEN: board@asatru-europe.network.