

MEMBERSHIP NUMBER: _____

APPLICATION FORM FOR ADMISSION TO THE BROTHERHOOD OF ST. CHRISTOPH

Please fill out legibly. Valid from December 1, 2025

TITLE/NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

NATIONALITY: _____

HOME ADDRESS

STREET: _____

POSTAL CODE: _____

CITY: _____

COUNTRY: _____

MOBILE PHONE: _____

PRIVATE E-MAIL: _____

I consent to the Brotherhood of St. Christoph processing my aforementioned personal data for the purposes of registering and managing my membership, for the payment of annual donations, for maintaining the membership directory, for creating invitations to events, and for other information related to their charitable purpose.

This consent can be revoked in writing to the Brotherhood of St. Christoph at any time.

COSTS – PLEASE ALSO COMPLETE

| | |
|------------------------------------|-------------------|
| Membership Contribution (Donation) | 170,- Euro |
| Welcome Box | 60,- Euro |
| Annual Donation for 2025 | 55,- Euro |
| Subtotal | 285,- Euro |
| Additional Donation | , - Euro |
| Total | , - Euro |

LIFE TIME MEMBERSHIP – new since March 28, 2025

| | |
|---|------------------------|
| Individual (7.440,- Donation plus Box) | 7500,- Euro |
| Couple (9.880,- Donation plus 2 Boxes) | 10000,- Euro |
| Family (3 children / 19.880,- plus 2 Boxes) | 20000,- Euro |
| Additional children (up to 18 years): | 5000,- Euro per child. |

Payment Options:

☐ Credit card on site

DATE OF APPLICATION AND CONSENT

DATE: _____

SIGNATURE: _____

SPONSOR MEMBER: _____