

Application for Membership

ANSWER

BUFA
Administration
P.O. Box 10 06 51
44006 Dortmund

Application for membership of the Bundesfachschule für Orthopädie-Technik e.V.

Yes, I am interested in BUFA and would like to support it with my membership, also financially.

Please register me to the following group of members:

- as private firm ()
- as industrial company ()
- as an individual member ()

The number of employees in my firm is:

.....
place, date

.....
signature

.....
address / stamp