

Personal Information

First Name*: _____
Middle Name: _____
Last Name*: _____
Title: _____
Birth Date (dd.mm.yy) _____
Nationality*: _____
Address: _____

Phone Number: _____
Email Address*: _____

Professional Information

Profession*: _____
Institution: _____
Address: _____

Phone Number: _____
Fax: _____
Email Address: _____

*these fields are obligatory and must be filled.

Areas of Interest

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Cultural Heritage | <input type="checkbox"/> Oral Heritage | <input type="checkbox"/> Archeology | <input type="checkbox"/> Conservation & Restoration |
| <input type="checkbox"/> Natural Heritage | <input type="checkbox"/> Documentary Heritage | <input type="checkbox"/> Museology | <input type="checkbox"/> Heritage Interpretation |
| <input type="checkbox"/> Intangible Heritage | <input type="checkbox"/> Cultural Landscapes | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Heritage Management |
| <input type="checkbox"/> Living Heritage | <input type="checkbox"/> Cultural Tourism | <input type="checkbox"/> Cultural Property Law | <input type="checkbox"/> Heritage Post Conflict/In Danger |

Annual Membership Fee

Normal fee: 30€ Discount Fee: 20€ (Students, Unemployed, Refugees)
Payment Method: Bank Transfer Cash

I permit OHWB e.V. to include the information provided here in the proposed online Membership Database: Yes No

Declaration

- By submitting this membership application, I declare that:
1. I have read the OHWB e.V. Statutes and OHWB e.V. Privacy Policy and Terms of Use, and I agree to accept and adhere to them.
 2. All information provided here is true and verifiable.
 3. I will keep OHWB e.V. informed about any changes to the information provided in order to ensure that my profile is kept and up to date.
 4. I permit OHWB e.V. to use the provided information to create a database for managing OHWB e.V. membership and activities.

Place, Date: _____