

# Registration Form

## Society of Friends of the Yayasan Pa van der Steur

Undersigned: .....

Address: .....

Zipcode & Location: .....

wishes to become member / contributor / foster parent of the Society of Friends of the  
Yayasan Pa van der Steur, starting .....

Promises to pay € ..... annually, with a minimum of € 19,-.

(When adopting € 16,- per month per child, or € 192 per year)

Account number: NL22INGB0003184522

In the name of: Ver. Vrienden Yayasan Pa van der Steur

Date: ..... Signature: .....