

## Membership statement

Herewith, I state that I want to become a member of the association  
„Baltic Wind”, agreeing to the statutes as they were passed in the  
foundation meeting, 1.9.2004:

Name of the person / the institution\*: \_\_\_\_\_

Date of Birth (for private persons only): \_\_\_\_\_

Occupation / Profession (for private persons only): \_\_\_\_\_

Country of origin: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Place, Date

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Signature / Stamp