



ACADEMY
Lean Program Management

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Membership application and participation declaration

Surname:
First Name:
Street, No.:
ZIP Code:
City:
born on the:
E-mail:

- I have made myself thoroughly with the Statute of the Academy for Lean Program Management e. G. familiar and declare with my signature that I agree with this Statute.

- I would like a business share (200, - €) participate in the cooperative and pay this amount together with the admission fee (800, - €) to the business account of Academy e. G.

- I agree to the inclusion in the file members agree and send a portrait photo and a brief CV of me by email to: office@lpm.academy

- Upon receipt of the above-mentioned Payment of 1000, - € and the email with photo and CV I look forward to receiving a membership certificate.

City, date

Signature Member