

APPLICATION FOR MEMBERSHIP

Surname, first name: _____

Street: _____

Postcode, town: _____

E-mail address: _____

I hereby apply for supporting membership of the "Conambiki e.V." association at _____ (date).

I am willing to pay an annual subscription of: 35,-€ 50,-€ 100,-€ _____€

Contributions are paid on 1 March of each year. For new members joining from March of the year, the first direct debit is made once within 15 working days after joining.

YES, I would like to receive a newsletter about the current projects and progress of Conambiki (interval approx. every 3 months, unsubscription possible at any time)

With my signature, I agree that my personal data (surname, first name, addresses, e-mail address, bank details) may be stored, processed and used electronically during my membership for the purposes of association administration.

Membership can be terminated in writing with effect from 1st March with a notice period of one month.

Place, date

Signature

SEPA DIRECT DEBIT MANDATE

By signing this mandate form, you authorise (A) Conambiki e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Conambiki e.V.

Note: I can request a refund of the debited amount within eight weeks of the debit date. The conditions agreed with my bank apply.

Creditor's name: Conambiki e.V.

Creditor identification identifier: DE25ZZZ00002335473

Name of account holder: _____

Address of account holder: _____

Bank: _____

Account number / IBAN: _____

SWIFT BIC: _____

Country: _____

Place, date

Signature

Submit agreement by mail to:

kontakt@conambiki.de

or by post to:

Conambiki e.V.

Raiffeisenstrasse 5

83451 Piding

Donation account at VR Bank Oberbayern Südost

IBAN: DE92 7109 0000 0001 8569 01

BIC: GENODEFIBGL

Amtsgericht Traunstein | Register number: VR 202217

Non-profit status according to §§ 51, 59, 60, 61 AO recognised by the Traunstein tax office, tax number: 163/107/40555