



MEMBERSHIP APPLICATION - ADDRESS CHANGE – DEBIT AUTHORIZATION

<i>name:</i>

I hereby apply for ordinary / associate membership (delete where inapplicable) of AEGEE-Hamburg e.V.

Additional Personal Data

<i>date, city, country of birth:</i>
<i>citizenship:</i>
<i>physical, postal address:</i>
<i>phone, fax number:</i>
<i>email:</i>
<i>college, faculty, discipline:</i>

Note: the above data is provided for association purposes. If you do not want certain data to appear on the list of members, which is accessible to all members, please mark them with an asterisk *.

Debit Authorization

I authorize the association AEGEE-Hamburg e.V. (creditor identifier: DE16ZZZ00001423156), to collect payments from my account by direct debit. At the same time I instruct my bank to redeem the direct debits drawn by AEGEE-Hamburg e.V. on my account. Note: I can request reimbursement of the debited amount within eight weeks of the debit date. The conditions agreed with my bank apply.

unique mandate reference:
<i>bank:</i>
<i>BIC:</i>
<i>IBAN:</i>
<i>depositor:</i>

Note: If you do not issue a direct debit authorization, you will only be accepted after payment of the membership fee. The treasurer will inform you about the amount and payment modalities.

.....
(place)

.....
(date)

.....
(signature)

Note: This document is only valid with date and signature!