

Membership application

Membership Number : _____

Chance für Bénin e.V.
Sebastian-Engler-Str. 4a
77971 Kippenheim



Information about member

Name (legal Person)

_____ (only if a legal person shall be member)

First-Name

Surname

Street and Housnumber

ZIP-Code, Place

Phonenumber

E-Mail

Date of Birth

Mitgliedsbeitrag

- Regular Contribution**
 reduced Contribution

I know the articles and subscription rules.

Place, Date

Signature (if applicable the legal representative)

Authorization for the collection of debts by direct debit

Hereby I / we authorize you revocable by me / us the to collect the contributions due to be paid at the expense of my / our account with the

Account No. _____ Bank-Code _____

Name of the Bank _____ SWIFT-Code _____

by direct debit.

If my / our account does not have the required cover, there is no obligation on the part of the Credit Institute for redemption.

Place, Date

Signature