

# MEMBERSHIP APPLICATION

## Förderverein Jugendfestwoche im Kreis Paderborn e.V.

Support Association "Jugendfestwoche im Kreis Paderborn e.V."

IBAN: DE44 4765 0130 1010 2808 30

Sparkasse Paderborn – Detmold – Höxter

I hereby apply for membership in the Support Association "Jugendfestwoche im Kreis Paderborn e.V." with effect from \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

By signing this application, I acknowledge and agree to the statutes (bylaws) of the association in their current version.

Place, Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (for minors: signature of legal representative)

## SEPA DIRECT DEBIT MANDATE

I hereby authorize the Support Association "Jugendfestwoche im Kreis Paderborn e.V." to collect payments from my account by means of SEPA direct debit on a recurring basis.

At the same time, I instruct my bank to honor any SEPA direct debits drawn on my account by the above-mentioned association.

Note: I am entitled to request a refund of the debited amount within eight (8) weeks from the date of debit, subject to the terms and conditions agreed with my bank.

The membership fee shall be payable annually on February 1st.

For the year of admission, the membership fee shall become due on the 15th day of the month following the effective date of membership.

**Name of Bank:** \_\_\_\_\_

**BIC:** \_\_\_\_\_

**IBAN:** \_\_\_\_\_

**Account Holder:** \_\_\_\_\_

Place, Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder

