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www.empologoma.org, Fax: 004932223380880, info@empologoma.org



Empologoma e.V.
Jutta Sistemich
Wilhelmstr. 4
80801 München

Application for membership

I want to be a member of the association Empologoma e.V. from _____ .

Name	First name
Street	Zip code, city
Phone	E-Mail
Date of birth	Occupation

The membership fee of _____ € monthly (min. 5 €) I am going to pay with

- SEPA-Direct Debit Mandate (please fill out direct debit authorization)
- Standing order
- I transfer my membership fee of _____ € to the association's account

Empologoma e.V. at Stadtparkasse München

Account: 100 238 7940 Bank code: 701 500 00
IBAN: DE24701500001002387940 BIC: SSKMDEMXXX

Place, Date

Signature

- Please send me a donation receipt.

SEPA-Direct Debit Mandate

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Creditor Identifier: DE79ZZZ00000623518

I authorize the payee to collect payments from my account with direct debit. At the same time, I instruct my bank to redeem the direct debits drawn by payees (name see above) on my account. I can claim reimbursement of the amount due within eight weeks of the debit date. Applicable in this regard by the contract with my bank conditions.

Payment method: recurring payment

Address of the payer – data above

Name of Bank

IBAN

BIC

Place, Date

Signature