

Membership Application

Association GAY-TANTRA e.V., Elberfelder Straße 37, 10555 Berlin

Application form

Hearby apply I,

Full name	
Date of Birth	
Street and number	
Zip code, city, country	
Mobile	
E-Mail	

The membership in the GAY-TANTRA association, beginning from:

Admission fee one-time 8,00 €

Monthly contributions (please mark with a cross where it applies)

- silent member 0,00 €
- active member €
- premium member €

optional:

Debit takes place annually at (no more advance information necessary)

Ort, Datum, Unterschrift

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SEPA Debit Mandate

(recurring payments)

Creditor identification number:: DE55ZZZ0000061447

Mandate Reference:

I authorize the GAY-TANTRA association to collect payments from my account by direct debit. At the same time, I instruct my bank to redeem the direct debits drawn on my account by the GAY-TANTRA association.

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

Accountholders name:

IBAN: | | | | | BIC:

The data is stored on electronic data carriers for association administration purposes during the membership.

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(Place)

.....
(Date)

.....
(Signature)