

Membership Application

ACT of Charity e.V.

PERSONENDATEN

Surname: _____

First Name: _____

Street/Nr.: _____

Post Code/Place: _____

Phone: _____

Email: _____

Date of Birth: _____

Entry Date: _____

MEMBERSHIP FEE (please tick)



Supporting member with a contribution of €10 per month



Full member with a monthly fee of €40

Dues are to be transferred annually in advance or monthly via standing order to the following club account:

Bank Commerzbank AG
BIC COBADEFFXXX
IBAN DE76 3804 0007 0113 6050 00

SIGNATURE

By making this declaration, I am joining the association ACT of Charity. Membership does not give rise to any financial, material, or other claims against the association. Membership may be terminated by giving three months' notice, effective as of December 31st of any given year. Refunds of amounts already paid are not possible. The association's board reserves the right to expel members in justified, exceptional cases.

Place, date, signature (for minors: signature of legal guardian)