



Mitgliedsantrag

International Hahnemann Centre Torgau e.V.

Leipziger Straße 94 · DE-01662 Meißen · Tel.: +49 (0)3521 404122 · info@hahnemann-torgau.de

I hereby apply to become an active * / passive * member of the non-profit association

"Internationales Hahnemannzentrum Torgau e.V.".

(* Please underline where applicable)

Full name:

E-Mail:

Date and place of birth:

Occupation / Activity:

Street, house number:

Postal code:

City:

Country:

State, where applicable:

My contribution (please tick and fill in the amount):

monthly with € (at least 5,- €) or

yearly with € (at least 50,- €)

I confirm that I am of legal age and that I accept the statutes of the association in full. I give the association a direct debit mandate on the following page for the membership fees indicated above.

Monthly contributions are debited on the 5th of each month and annual contributions are debited on the 1st of March.

Place, date

Legal signature

– Only to be used in the EURO area –

**Issue of a direct debit mandate and a SEPA direct debit mandate
(Recurrent Payments)**

Name and address of the payee (creditor):

Internationales Hahnemannzentrum Torgau e.V.
Leipziger Straße 94
DE-01662 Meißen

Creditor Identifier, CI): (will be communicated after joining the association)

Mandate reference (ID): (will be communicated after joining the association)

Account holder:

Address of the account holder:

IBAN:

BIC:

I revocably authorise the International Hahnemann Centre Torgau e.V. to collect payments from my account by direct debit.

At the same time, I instruct my credit institution to honour the direct debits collected by the International Hahnemann Centre Torgau e.V. on my account.

Note: I can request a refund of the debited amount within eight weeks, starting from the debit date. The conditions agreed with my credit institution apply.

Prior to the collection of a SEPA core direct debit, you will inform me about the collection in this procedure type.

Place, date

Legal signature