



Application for membership

I hereby request admission to become a member in the association
"Go One Bugwere Germany e.V" from the _____.

Personal data	
Title:	
First name and surname:	
Date of birth:	
Street and house number:	
Zip code:	Place
E-mail address:	
Telephone number:	

I would like to support the association with my annual membership fee:

- regular membership fee: 50€/year
- reduced membership: 25€/year
- contribution membership fee: _____ €/Year

Yes, I would like to receive a donation certificate.

I would like to receive the news of the association by e-mail by mail.

For membership, the statutes of the association apply. I recognise this with my signature.

I agree that the association stores the information provided by me within the framework of the member administration and uses it exclusively for internal purposes.

Location, date

signature



Welcome to our association and thank you for your support!
The association Go One Bugwere Germany e.V

Issuing the SEPA direct debit mandate:

Creditor identification number of the association: DE 32ZZZ00002282385

Mandate reference: communicated separately

I authorize the association "Go One Bugwere Germany e.V." to retract payments from my account by direct debit. At the same time, I direct my credit institution to redeem the direct debits drawn into my account by the association. The membership fee is due as an annual fee once a year, the pro rata membership fee of the entry year on the 1st of the month following the entry.

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

First name and name:	
Street and house number:	
Postcode and location:	
Credit institution:	
BIC:	
IBAN:	
Membership fee:	/€ Year

Location, date

Signature



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