

SEPA Direct Debit Mandate

Deutsche Killifisch Gemeinschaft (German Killifish Association)

office – Friedhofstr. 8 – D-88448 Attenweiler - Germany - geschaeftsfuehrer1@killi.org

Creditor-Identification-Number: DE45ZZZ00000149024

Mandate reference (= Membership-number) _____

Annual Payment

One-Off-Payment

By signing this mandate form, I authorise the Deutsche Killifisch Gemeinschaft e.V. to send instructions to my bank to debit my account. The bank is to debit my account in accordance with the instructions from the Deutsche Killifisch Gemeinschaft.

As part of my rights, I am entitled to a refund from my bank under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks from the date at which my account was debited.

surname: _____

first name: _____

street and number: _____

country, postal code, and city: _____

IBAN:

BIC:
(9 or 11 letters / numbers)

The payment of the membership fee is only possible by direct debit. The direct debit will be done in early January each year.

(city, date and signature)

Please send this origin application with the SEPA Direct Debit Mandate to Dr. Thomas Litz,
Friedhofstr. 8, D-88448 Attenweiler, Germany

How did you find out about us?

Deutsche Killifisch Gemeinschaft e.V. Application for Membership



Hereby I am applying for membership of the Deutsche Killifisch Gemeinschaft e.V. (German Killifish Association) as a paying member

- full-membership 40,00 Euro p.a.
- extra family-member 10,00 Euro p.a. (name and number of 1st member is needed)
- pupil/student 20,00 Euro p.a. (valid school membership document is needed)

from

1st January 20____ **OR** 1st July 20____

My personal data (* = mandatory field):

Surname*: _____ Date of Birth*: _____

First Name*: _____ Profession: _____

Street, Number*: _____ Phone: _____

Postcode/Zip + City*: _____ Country*: _____

email*: _____

By signing this application form**) I acknowledge that in combination with joining the DKG I have the right to receive the DKG-Journal, the bulletin DKG-Aktuell, a membership list and the By-Laws, as well as to participate in the fish-and-egglist. Furthermore I promise to inform the 1st Secretary of the DKG by a letter or email whenever there is a change of postal address or if I want to end my membership.

I am aware that I have to pay for expenses caused by late payment of my membership fee. Additionally, I acknowledge that my personal data as well as those concerning my bank account are saved on data storage media and that the DKG is obliged to communicate exclusively my name, my postal address, phone number and email address to the association's members. The DKG will delete my personal data from all data storage media after I have left the association.

I agree to the registration of my data within the scope of the association's function as a killifish club and to the publication of my name and postal address in the membership list as well as in the bulletin DKG-Aktuell.

Place, Date, Signature

**) Signature of parent or legal guardian for a person under age