



CHARGE Syndrom e.V. - Elternkreis betroffener Kinder

APPLICATION FOR MEMBERSHIP

First name, surname

Telephone

Street, no.

Mobile

Postal code and city

E-Mail

Country

We apply as:

- person with CHARGE-syndrome
- family having a child with CHARGE-syndrome
- friend / relative
- specialist / expert (title / institution) _____
- others _____

Information in the family:

Mother (surname, first name) _____

Date of birth: _____

Father (surname, first name) _____

Date of birth: _____

Child/ person with CHARGE-syndrome

(Surname, first name) _____

Date of birth: _____

Siblings: (surname, first name) _____

Date of birth: _____

Others: married informal marriage single mother/ father

Membership fee:

- annual membership fee of 30€
- self-determined, raised fee from: _____ €
- annual membership fee of 0 € for persons with CHARGE-syndrome

Herewith I agree on the electronic data management of the personal data collected in this declaration of membership. The management of the personal data is intended exclusively for the member's management (e.g., address management) and the statutory fulfilment of purpose and duties of CHARGE Syndrom e.V. The protection of my personal data is guaranteed by CHARGE Syndrom e.V.

Yes, I agree that newsletters, invitations and protocols are sent to me by e-mail.

Yes, I agree with the fact that the above information is announced to other members of CHARGE Syndrom e. V. and will be published in the membership list which is only given access to other members of the CHARGE Syndrom e.V.

Location/ date

Signature

ANNUAL FEE / SEPA Direct Debit Mandate

The annual membership fee per family amounts to 30 euros from the 01st of March, 2014 and is due to the 1st of March each year. For the board of directors of CHARGE Syndrom e.V. it would be great support and facilitation if you would give us a direct-debit authorization.

DIRECT-DEBIT AUTHORISATION OF DEMANDS BY SEPA procedure

Herewith I / we authorise CHARGE Syndrom e.V. to revocably debit my (our) account with the membership fee to be paid by me (us) at maturity. If mine / our account does not show the necessary cover account, there is no obligation for the redemption on the part of the account-leading institute.

General data

Name and address recipient of payment (creditor)	Name and address (account holder)
CHARGE Syndrom e.V. Elternkreis betroffener Kinder Borbath 29 91448 Emskirchen Creditor-identification number (CI/Creditor Identifier) DE49ZZZ00000618238	_____ (First name / surname) _____ (Street / number) _____ Postal code and city _____ Country Mandate reference: _____ (issued by CHARGE Syndrom e.V.)

SEPA-debit-mandate

By signing this mandate form, I (we) authorize the creditor CHARGE Syndrom e.V., Borbath 29, D-91448 Emskirchen to send instructions to my (our) bank to debit my (our) account and my (our) bank to debit my (our) account in accordance with the instructions from the creditor.

Debtor BIC

Debtor IBAN

Bank

Location, date

Signature

Please send this form back to CHARGE Syndrom e.V., Borbath 29, D - 91448 Emskirchen.