

Membership Form

I hereby apply for membership in the

European Voices Association e. V.

First name:				
Last name:				
Street and house number:				
Postal code and place of residence:				
Country:				
Date of birth:				
Email:				
Membership:		r bership fee is ched SEPA Dir		
Location	Date	Si	gnature	
Ellen-Scheuner-Weg 32 i 48147 Münster	+49 251 9284234 nfo@europeanvoices.org vww.europeanvoices.org b.com/europeanvoices.org	Amtsgericht Münster VR 5845	Vorstand: Tilo Beckmann Karin Mueller Hanno Wagner Thomas Balls-Thies	Deutsche Skatbank DE78 8306 5408 0004 7258 40 GENODEF1SLR

SEPA Direct Debit Mandate

European Voices Association e. V.

Ellen-Scheuner-Weg 32 | 48147 Muenster | Germany

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Debtor SWIFT BIC

European Voices Association e. V.

By signing this mandate form, I (we) authorise the creditor European Voices Association e. V. 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

Note: I can (we can), within eight weeks, starting with the date of the debit request, demand a refund of the amount charged. The terms and conditions agreed upon with my (our) financial institution apply.

Location

Date

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