

FLANDERNBUNKER / KILIAN MEMORIAL

Membership Application Form

I support the aims of "Verein Mahnmal Kilian e.V." and herewith apply for ordinary membership.

Surname, First name

(Please use printed letters)

Year of Birth _____

City/Suburb and Post Code

Email

Phone

I would like to pay

- Annual Sponsorship Contribution
- Annual Membership Fee €20,-
- Annual Discounted Membership Fee (low income applicant) €12,-

My personal details may only be used for purposes related to work of Verein Mahnmal Kilian e.V.. They may not be passed on to third parties.

Bank Details:

SEPA Direct Debit Identification of Payee: **DE97Z7-Z00000460137**

I authorize Verein Mahnmal Kilian e.V. to deduct payments directly from my account and I authorize my financial institution to debit my account accordingly.

Note: I am entitled to be reimbursed for the debited amount within 8 weeks from the debit date.

Terms and conditions apply, as agreed with my financial institution.
Payment terms: recurring payment.

First Name and Surname of Account Holder

Financial Institution, BIC (if applicable)

Account Number and Bank Code (our programme determines the IBAN)

Place, Date

Signature
