

Declaration of Membership

I hereby declare that I wish to become a member of **Freiburg Scientific Theatre e. V.** on _____ (date).

Personal Information

Last Name	First Name	Date of Birth
Zip, Town	Street	Phone
Email	Nationality	Place of Birth

Recognition of the formalities of the association

By becoming a member of the association, I accept

- the Articles of Association,
- the Annual Membership Fee.

Privacy Policy

I agree, according to the regulations of *Bundesdatenschutzgesetzes* (BDSG), that my personal information will be saved and used for purposes of the association. I acknowledge that I am able to review this information at any time and that my information will be deleted after my resignation from the association.

The **Annual Membership Fee** is **12 Euro**. The Annual Membership Fee will be withdrawn on the 1st June of each year. **Payment will be accepted via direct debit authorisation only.** Please note that the Annual Membership Fee is an on-going payment and will be automatically deducted from your account on the 1st June of each year unless you notify the association that you wish to resign your membership. **Objection period:** If you provide notice of your wish to resign from the association within 8 weeks of payment of the Annual Membership Fee, you will be entitled to a full refund of the Annual Membership Fee for that year.

Direct debit authorisation

I hereby authorize the association, Freiburg Scientific Theatre e. V., to withdraw the Annual Membership Fee from my account. At the same time I authorize my bank to debit my account accordingly.

Account holder	
IBAN	
BIC	
Bank	

(Place), (Date)

Signature

Please send the completed Membership Declaration form to:

Torben Flörkemeier,
Ostring 21, 32825 Blomberg

Or via email: torben.floerkemeier@gmx.de