

## APPLICATION FOR MEMBERSHIP

Frontinus-Gesellschaft e. V.  
c/o Sabine Hemker  
Tillystraße 12  
74206 Bad Wimpfen  
GERMANY



The membership the Frontinus-Gesellschaft will be applied by:

\_\_\_\_\_  
LAST NAME, FIRST NAME

\_\_\_\_\_  
STREET, HOUSE NUMBER, POSTAL CODE, PLACE OF RESIDENCE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
NATIONALITY

\_\_\_\_\_  
PHONE (PRIVATE)

\_\_\_\_\_  
MOBILE (PRIVATE)

\_\_\_\_\_  
E-MAIL (PRIVATE)

\_\_\_\_\_  
PHONE (OFFICE)

\_\_\_\_\_  
MOBILE (OFFICE)

\_\_\_\_\_  
E-MAIL (OFFICE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PROFESSION

MEMBERSHIP FEE: ☐ REGULAR (55,00 €, WITH DIRECT DEBITING)  
☐ REGULAR (60,00 €, WITHOUT DIRECT DEBITING)  
☐ STUDENTS, TRAINEES AND YOUNG PEOPLE UNTIL THE AGE OF 25 YEARS (10,00 € - DOCUMENTATION NECESSARY)

CORRESPONDENCE: ☐ POSTAL DISPATCH TO PRIVATE ADDRESS  
☐ PER E-MAIL TO PRIVATE ADDRESS  
☐ POSTAL DISPATCH TO OFFICE ADDRESS

☐ I agree that the above e-mail address (private / official - please underline) may be used to send member information from the Frontinus Society. Providing the e-mail address is voluntary. You can revoke the use of your e-mail address at any time.

☐ I have read the information on the collection of personal data in accordance with Article 13 of the Datenschutz-Grundverordnung (DS-GVO); see Download: [https://www.frontinus.de/media/pdf/Information\\_Datenerhebung\\_2023.pdf](https://www.frontinus.de/media/pdf/Information_Datenerhebung_2023.pdf)

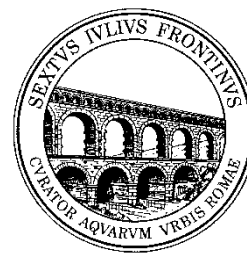
How did you become interested in the Frontinus Society?

- ☐ through the website of the Frontinus Society  
☐ through an event of the Frontinus Society: \_\_\_\_\_  
☐ through personal contact with a member of the Frontinus Society  
(name if possible - optional): \_\_\_\_\_  
☐ something else: \_\_\_\_\_

\_\_\_\_\_  
LOCATION, DATE

\_\_\_\_\_  
SIGNATURE

## SEPA Direct Debit Mandate



**Frontinus-Gesellschaft e. V.**  
**c/o Sabine Hemker**  
**Tillystraße 12**  
**74206 Bad Wimpfen**  
**GERMANY**

I authorize the

Frontinus-Gesellschaft e. V., c/o Sabine Hemker, Tillystraße 12, 74206 Bad Wimpfen,  
GERMANY (Creditor identifier: DE 09 ZZZ 00000 402745),

to send instructions to my bank to debit my account in accordance with the instructions from  
the Frontinus-Gesellschaft e. V.

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 starting from the date  
on which my account was debited.

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NAME OF MEMBER:

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DEBTOR (IF NOT IDENTICAL WITH THE MEMBER):

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STREET NAME AND NUMBER:

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POSTAL CODE AND CITY:

COUNTRY:

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IBAN OF THE DEBTOR:

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BIC:

The SEPA Direct Debit Mandate expires with the end of the membership.

The mandate reference will be communicated in your membership fee invoice or in a separate  
letter.

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Location / Date:

Signature of the debtor:

Please send us this form per e-mail: [info@frontinus.de](mailto:info@frontinus.de) or mail to our address.