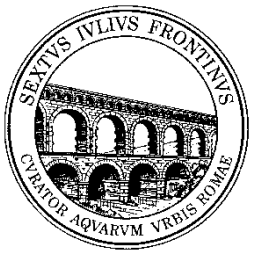
APPLICATION FOR MEMBERSHIP



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 | **NATIONALYTY**

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, not for countries outside EU))**
- ☐ **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 ADRESS**
- ☐ **PER E-MAIL TO PRIVATE ADRESS**
- ☐ **POSTAL DISPATCH TO OFFICE ADRESS**

☐ **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

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 (not for countries outside EU)

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.

NAME OF MEMBER**:**

DEBTOR (IF NOT IDENTICAL WITH THE MEMBER):

STREET NAME AND NUMBER:

POSTAL CODE AND CITY: COUNTRY:

IBAN OF THE DEBTOR:

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.

Location / Date: Signature of the debtor:

Please send us this form per e-mail: info@frontinus.de or mail to our address.