

Membership Bid



Hereby I request admittance to the „Internationale Gemeinschaft Barben Salmier Schmerlen Welse (IG BSSW) e.V.“ starting January 1st

- of the current year (retroactive) of the next year

My main interest:

- Barbs Tetras Loaches Catfishes

Please complete this form and pass it signed to the CEO (see footer) or the chairman of the IG BSSW. - * indicates mandatory information

Salutation*		Title	
Name*		Company	
Surname*			
Address*			
Zipcode*		City	
Country*			
Email*		Fon	
Date of birth*			

I agree to publication of my personal data when joining or leaving the IG BSSW e.V. in the club's organ - which is only available for members.

- yes no

Actual membership costs 2015	Membership (yearly)	35,00 €	<input type="checkbox"/>
<i>(please cross where applicable)</i>	Students under 21 (*)	17,50 €	<input type="checkbox"/>
<i>(*) please provide confirmation</i>	Handicapped people (*)	17,50 €	<input type="checkbox"/>
	add. non recurring-admission fee	5,00 €	

Due date: Jan./Feb of the ongoing year; immediately for new members (only once)

How you heard about us first:

<input type="checkbox"/> ... from a friend.	<input type="checkbox"/> ... found the homepage.
<input type="checkbox"/> ... heard of the „BSSW Report“.	<input type="checkbox"/> ... got in touch via social networks.
<input type="checkbox"/> ... visited a IG BSSW event.	<input type="checkbox"/> ... something different.

I am well aware that secure storage of my data for administrative tasks of the IG BSSW is obligatory.

Place, date and signature of applicant resp. Of a legal guardian)



Issuing a SEPA Direct Debit Mandate	
Name of the payee (creditor):	IG BSSW e.V. (Internationale Gemeinschaft Barben-Salmler-Schmerlen-Welse)
Address of the payee:	Gutenbergstrasse 12 24118, Kiel Germany
Creditor identification number:	DE33001 00001713074
Mandate reference:	IG_BSSW_ _Beitrag
<p>I authorise / We authorise (A) the payee (name see above) to collect payments from my / our account by direct debit. At the same time (B) I / we instruct my / our bank to honour the direct debits drawn by the payee (name see above) to my / our account.</p> <p>Note: I / we can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The terms and conditions agreed with my / our bank apply.</p>	
Method of payment:	<input type="radio"/> Recurring payment <input type="radio"/> Single payment
Name of the payer (account holder):	
Address of the payer (account holder)	Street name and number:
	Postcode and town:
IBAN of the payer (max. 22 digits):	
BIC (8 or 11 digits):	
Date, place:	
Signature(s) of the payer (account holder):	

Important: In "Mandate reference" please enter your own membership number. If you do not know yours, it will be registered by the executive committee.