

Membership application



I hereby apply to become a member of **Ambatana e.V.**

Name: _____

Street/number: _____

Postcode/place: _____

Date of birth: _____

Telephone: _____

E-mail: _____

- Yes, I would like to receive regular e-mails on projects in Kenya and current events.

The first membership fee will become due four weeks after joining the organisation. Subsequent contributions will become due annually on 7 May, the day the organisation was founded.

Please check as applicable:

- regular minimum fee in the amount of **€40**
- reduced minimum fee for students, trainees, people with physical/mental disabilities in the amount of **€20**
- I am prepared to pay an annual fee in the amount of €_____.

You will receive confirmation of your membership by e-mail.

If you also wish to receive a confirmation by mail, please check the following box:

- Yes, please send an additional confirmation of my membership to me by mail.

Place/date

Signature

Ambatana e.V.
Spridererweg 8
kontakt@ambatana.de
84577 Tüßling, Germany
www.ambatana.info

SEPA direct debit



Creditor identifier: DE61ZZZ00001437575
Mandate reference: (to be completed by the payment recipient)

I hereby authorise the payment recipient "**Ambatana e.V.**" to collect payments from my account via direct debit. I also instruct my bank to redeem the direct debits drawn from my account by the payment recipient "**Ambatana e.V.**".

Please note: I can request a refund of the debited amount within eight weeks, beginning from the debit date. The terms as agreed with my bank apply.

Type of payment: Recurring payment

Name (account owner): _____

IBAN (max. 34 characters): _____

BIC (8 or 11 characters): _____

Place/date

Signature

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