



Membership Application

Name: _____

Surname: _____

Date of Birth: _____ **E-Mail:** _____

Address: _____

Postal Code: _____ **Phone:** _____

Apply As:

- Active Member 10,00 €**
- Supporting member 30,00 €**

Notes

By signing the application form, the applicant, or the legal guardian(s) if the applicant is under 18 years of age, declares his or her membership and agrees to abide by the currently valid statutes and rules of procedure.

Recurring Payments

Payment is to be made by bank transfer or direct debit (see attachment) by March 15 of each year.

Data storage

The member and the payer agree that their data will be stored by EDP for association purposes. The association will use the data exclusively in the context of the association administration and will not pass them on to third parties.

(Place)

(Date)

(Signature)

(if the applicant is under 18 years old the signature of the legal guardian is required)

Jugendbotschafter e.V.
IBAN: DE06 8306 5408 0004 1079 85
BIC: GENODEF1SLR
Bank: Deutsche Skatbank
Email: info@jugendbotschafter.com

First Chairperson: Anılcan Duymaz
Second Chairperson: Fergan Hakeem Idrisoglu
Finances: Lukas G. Schlapp
Public Relations: Öykü Bal
Community Manager: Meryem-Lyn Oral



Attachment to the membership application form

Name: _____

Surname: _____

- Name of the payment recipient: Jugendbotschafter e.V.
- Postal code and city: 90441, Nürnberg
- Street and house number: Kleemannstraße 8
- Country: Germany
- Creditor identification number: DE06 8306 5408 0004 1079 85

Mandate reference (to be filled in by the payment recipient):

I authorize (A) the payment recipient Jugendbotschafter e.V. to collect payments from my account by direct debit. At the same time (B) I instruct my credit institution to honor the direct debits drawn on my account by the payment recipient Jugendbotschafter e.V..

Payment method:

- Recurring payment

Name of the payer (account holder): _____

Address of the payer (account holder), if different from applicant: _____

Street and house number: _____

Postal code and place: _____

IBAN of the payer (max. 34 characters): _____

Country: _____

BIC (8-11 characters): _____

Place: _____ Date (DD.MM.YYYY): _____

Signature of the account holder: _____

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