

focus-europa e.V.
Adam-Seiler-Strasse 1
95512 Neudrossenfeld
Germany



Mail: membership@focus-europa.org

Declaration of Accession to focus-europa e. V.

Form of Address

First Name: _____ Surname: _____

Street / House Number: _____

Zip-Code / Town: _____

Birthday: _____

Telephone: _____ E-Mail: _____

Website: _____

Membership as artist (50 Euro) Sustaining Member (minimum 50 Euro)

I declare my accession and my obligation to pay an annual fee of 50,00 Euro.

My fee as sustaining member shall be € _____

I would like to pay the annual fee by direct debit procedure.
(Please fill in the SEPA direct debit mandate)

I would like to pay the annual fee by bank giro. Please send me an invoice.

As artist(*) please name your area of activities: _____

Membership is to start on _____

Date: _____ Signature: _____

(*) The membership of an artist needs the consent of the advisory board and of the board of managers. We ask you to send in a regular application including a curriculum vitae, exhibitions and several proofs of work (homepage, links, email).

A new artist member can apply to the board of focus-europa for exemption from the payment of the membership fee. The exemption can only be granted in justified exceptional cases and for a maximum of two years.

Erteilung eines SEPA-Lastschriftmandats / SEPA direct debit mandate

Name und Anschrift des Zahlungsempfängers (Gläubiger)

Name and address of the payee (creditor)

focus-europa e.V.
Adam-Seiler-Str. 1
95512 Neudrossenfeld

info@focuseuropa.de

Gläubiger-Identifikationsnummer (CI/Creditor Identifier)

DE96ZZZ00000219595

Wiederkehrende Zahlungen/Recurrent Payments

Name und Anschrift des Kontoinhabers

Name and address of the account holder

E-Mail

Mandatsreferenz

SEPA-Lastschriftmandat / SEPA direct debit mandate

Ich/Wir ermächtige(n) Sie, Zahlungen von meinem/unserem Konto mittels Lastschrift einzuziehen. Zugleich weise(n) ich/wir mein/unser Kreditinstitut an, die von

I / We authorize you to collect payments from my / our account by direct debit. At the same time, I / we will instruct my / our credit institution, that of

[Name des Zahlungsempfängers] Name of the payee

focus-eurpoa e.V.

auf mein/unser Konto gezogenen Lastschriften einzulösen. / redeem debits drawn on my / our account.

Hinweis: Ich kann/Wir können innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrags verlangen. Es gelten dabei die mit meinem/unserem Kreditinstitut vereinbarten Bedingungen.

Note: I can / We can request reimbursement of the amount due within eight weeks of the debit date.

The conditions agreed with my / our bank apply.

Kreditinstitut / credit institution

BIK

IBAN

Ort, Datum / Place, Date

Unterschrift / Signature

Vor dem Einzug einer SEPA-Basis-Lastschrift werden Sie mich/uns über den Einzug in dieser Verfahrensart per E-Mail unterrichten.

Über Änderungen meiner E-Mail-Adresse werde ich Sie umgehend unterrichten.

Before collecting a SEPA direct debit, you will inform me / us about moving into this type of procedure.

I will inform you immediately about changes to my e-mail address.