



## MEMBERSHIP APPLICATION

<b>Surname</b>	<b>First names</b>
<b>Street address</b>	<b>Post/ZIP Code and town</b>
<b>District/County</b>	<b>Date of Birth</b>
<b>Date of commencement of membership</b>	<b>Trade/Profession</b>
<b>Telephone number</b> (daytime)	<b>Telephone</b> (evenings)
<b>Mobile phone number</b>	<b>E-Mail</b>

<b>Membership dues</b> (Minimum € 2,75) _____ € / month
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**Please make payment of your membership dues by bank transfer to account no 545 779 3008 with Berliner Volksbank, Bank Code (BLZ) 100 900 00. Please always make payment of dues for the current calendar year only.**

<b>Signature</b>	<b>Date</b>
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If you would rather not pay by bank transfer, please fill in the **direct debit authorization** below.

I hereby authorize Berliner Tafel e.V. to collect my membership dues by debiting my account below directly:	
<b>Name of Bank</b> _____	
<b>Bank Code</b> _____	<b>Account number</b> _____
<b>debit</b> every six months <input type="checkbox"/> or annually <input type="checkbox"/>	

<b>Signature</b>	<b>Date</b>
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