



unlimited partnership e.V.

Application Form

I _____ hereby apply for membership at the registered charity organization unlimited partnership e.V. starting from _____.

Surname _____ Name _____
Address _____
Date of Birth _____ Phone No. _____
Mobil _____ E-Mail _____

Following memberships are possible:

- | | |
|---------------------------------------------|------------------|
| <input type="checkbox"/> Normal membership | 15 EUR im Jahr |
| <input type="checkbox"/> Family membership | 35 EUR im Jahr |
| <input type="checkbox"/> Sponsor membership | ____ EUR im Jahr |
| <input type="checkbox"/> Legal Entity | 50 EUR im Jahr |

Collection Authorization:

I hereby authorize unlimited partnership to annually debit my bank account with the amount of the above mentioned membership always on the 30th of January (only applies to EMF zone)
IBAN: _____ BIC: _____

Bank: _____

Signature bank account holder in case not the same as applicant

Location, Date

Signatur (Applicant)

In case of minor signatur of the legal guardian

To be filled out by unlimited partnership e.V.:

Membership no: _____ internal Note: _____