

Koloniestrasse 138/ 13359 Berlin / mail: <u>info@mittesupersonics.org</u> / web: <u>www.mittesupersonics.org</u>

Membership Application

I hereby declare my membership to Mitte Super First name *	Sonics e.V. Last name *
Gender	Date of birth *
Street & house number *	
Zip code *	City *
Email address * (For minors email address of parent or guardian)	
Tel. no. *	
Membership fee is paid as * ** (reduced membership fee regular reduced family member (If you choose the family contribut	ees after consultation) ion, please state the already fully paying family member here)
Payment period * annual (180€/120€) semi-annual (90€/60€) monthly (15€/10€ - available only for memb	ers who consent to direct debit)
Payment method *	
 bank transfer to Mitte SuperSonics e. V. IBAN: DE95 4306 0967 1256 4727 00 BIC GENODEM1GLS 	
Consent to direct debit * I authorize the Mitte SuperSonics e.V. to collect paym instruct my credit institution to honor the direct debits Account holder *	nents from my account by direct debit. At the same time, I drawn on my account by Mitte SuperSonics e.V.
IBAN *	
BIC	Name of the bank
Confirm membership application *	Place/ Date/ Signature

I accept the statutes of the Mitte SuperSonics e. V., especially the obligations resulting from them, as binding for me. The statutes can be viewed on the homepage of the association at <u>www.mittesupersonics.org</u>. I have taken note of the annex to the declaration of membership (data protection/personal rights). I agree to the use of my listed personal data for the stated purposes. At the same time I agree that a cancellation must be in written form only and at least 1 month in advance to the end of the quarter.

*mandatory information

**starting September 2021; for reduced membership fees (students, unemployed and family members) following consultation with the board by contacting info@mittesupersonics.org