



Application for membership in STEP e.V.

I hereby apply for membership in the association STEP e.V. at TU Kaiserslautern

Name: _____

First name: _____

Date of birth/country: _____

Course of studies: _____

Semester address

Home address

Street: _____

Post code/city: _____

Email: _____

Phone: _____

I agree to the statute of the association STEP e.V. Kaiserslautern. The membership begins with the acceptance of the application by the Board. I hereby agree that my personal data is stored electronically for the purpose of member support. I am aware that the association life also requires my active participation. The annual fee is 10.00 €, this will be collected at the End of each year and is valid for the last year of STEP e.V. Kaiserslautern retroactive. The Membership cancellations will be accepted until the end of each year (by email or post). With the beginning of each year the membership is extended for another year.

NOTICE:

Admission and membership fees are deductible as donations on your personal tax return. The association STEP e.V. is a nonprofit organization. A receipt can be issued by the Board.

Please deliver the membership application at the International Office of Business and Economics in Building 42, Room 140 or at Intclub Building 12, Room 168.

Place, Date: _____ Signature: _____

Debit authorization:

I hereby authorize the association STEP e.V. Kaiserslautern to collect one or more occasions for membership fee payments from my account by SEPA Direct Debit. At the same time I instruct my bank to redeem the conclusions drawn on my account debits.

NOTICE:

I may request, within eight weeks from the debit date, refund the debited amount. Apply it agreed with my bank conditions.

Bank: _____

IBAN: _____

BIC: _____

NOTICE:

In case of changes to my bank account, I will immediately notify the association by writing. Costs incurred by the association because of my negligence by SEPA Direct Debit arises (e.g. fees due to insufficient funds, incorrect account information), I will refund the association plus a expense allowance of 10.00 €.

Place, Date: _____

Signature: _____

To be completed by STEP e.V. Board.

Membership request accepted at _____.

Signature Member of the Board

Signature Member of the Board