 c/o Ehret, Friedrichstraße 10, D-73663 Berglen, Germany

**Application for Supporting Members**

|  |  |
| --- | --- |
| Surname, name |  |
| Date of birth |  |
| Address |  |
| Postal code/ Town |  |
| Phone |  |
| Fax |  |
| E-mail |  |

I hereby,
apply to become a supporting member of the non-profit Organisation‚ Ocean Sounds e.V.’ VR 721563.
The annual subscription amounts to 20,00 € and will be debited on the 1st of December each year.

Place, Date, Signature

……………………………………………………………………………………………………………………………..

(Minors will need the signature of a legal representative)

**SEPA-Direct Debit Mandate**

Identification number of creditor: Mandate reference: Annual subscription

I hereby authorise the organisation ‘Ocean Sounds e.V.’ to debit payments from my bank account.
At the same time, I will instruct my financial institution to cash the direct debit in support of ‘Ocean Sounds e.V.’

Note: Within eight weeks, starting with the charging date, I am entitled to request a refund of the charged amount
under the terms and conditions of the financial institution.

Financial Institution: ……………………………………………. Bank Code: …………………… BIC: ………………….

Account Holder: …………………………………………… Account Number: ………………….
IBAN: …………..…………………………………………………………………………………………………………………………………………….

During the membership this information will be saved electronically for the management of the organisation only.

……………………………………………… ………………………….. ………………………………………………………………………………

(Place) (Date) (Signature)

(For minor members, the signature of a legal guardian is mandatory. The legal guardian agrees to assume the payment
of contribution until the child attains full age.)