**Application for Supporting Members**

|  |  |
| --- | --- |
| Surname, name |  |
| Date of birth |  |
| Street |  |
| Postal code / City |  |
| Phone |  |
| E-mail |  |

I hereby,   
apply to become a supporting member of the non-profit organization ’Ocean Sounds e. V.’ VR 721563. The annual subscription amounts to 50 € (or 80 € for families) and will be debited on the 1st of December each year. Additional donations can be added as you wish.   
Please fill in your total amount and your payment plan: **\_\_\_\_\_\_\_\_Euro / year / month**With your signature you accept our charity and privacy terms (§26 BDSG).

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.)

**SEPA-Direct Debit Mandate**

Identification number of creditor: Mandate reference: Annual subscription  
I hereby authorize the organization ‘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: ……………………………………………. BIC: ………………….

IBAN: …..…………………………………………………………………………………………………………………………………………….

During the membership this information will be saved electronically for the management of the organization only.   
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(Place) (Date) (Signature)