APPLICATION FOR MEMBERSHIP

Frontinus-Gesellschaft e. V. c/o DVGW Deutscher Verein des Gas- und Wasserfaches e. V. Josef-Wirmer-Straße 1-3 53123 Bonn GERMANY

PLACE / DATE



The membership the Frontinus-Gesellschaft will be applied for under the organizations rules: LAST NAME / FIRST NAME: STREET / HOUSE NUMBER: POSTAL CODE / PLACE OF RESIDENCE: COUNTRY: PHONE (PRIVATE) / FAX (PRIVATE) / E-MAIL (PRIVATE): PHONE (OFFICE) / FAX (OFFICE) / E-MAIL (OFFICE): DATE OF BIRTH / NATIONALITY: PROFESSION: POSITION (INCLUDE ANY TRAINING POSITION IF APPLICABLE): EMPLOYER (PLEASE INCLUDE FULL ADDRESS): CLASS OF MEMBERSHIP: ☐ REGULAR (35,00 EURO, WITH DIRECT DEBITING) ☐ REGULAR (40,00 EURO, WITHOUT DIRECT DEBITING) ☐ STUDENTS, TRAINEES, AND PEOPLE UNTIL THE AGE OF 25 (10,00 EURO – DOCUMENTATION IS NECESSARY) PLEASE CIRCLE WHERE CORRESPONDENCE SHOULD BE DIRECTED:

PRIVATE ADDRESS, ☐ OFFICE ADDRESS ☐ I AUTHORIZE, THAT THE E-MAIL ADDRESS ABOVE (PLEASE UNDERLINE THE ADDRESS) CAN BE USED FOR MEMBERSHIP PURPOSES BY THE FRONTINUS-GESELLSCHAFT. IT IS YOUR FREE DECISION TO PROVIDE YOUR E-MAIL ADDRESS AND YOU ARE ABLE TO REVOKE THE USE AT ANY TIME.

SIGNATURE

SEPA Direct Debit Mandate



By signing this mandate form, you authorise the

Frontinus-Gesellschaft e. V., c/o DVGW, Josef-Wirmer Straße 1 - 3, 53123 Bonn, GERMANY (Creditor identifier: DE 09 ZZZ 00000 402745),

to send instructions to your bank to debit your account in accordance with the instructions from the Frontinus-Gesellschaft e. V.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

NAME OF MEMBER:	
DEBTOR (IF NOT IDENTICAL WIT	'H THE MEMBER):
STREET NAME AND NUMBER:	
POSTAL CODE AND CITY:	COUNTRY:
IBAN OF THE DEBTOR (MAX. 34	CHARACTERS):
BIC (8 or 11 CHARACTERS):	
The SEPA Direct Debit Mandate	e expires with the end of the membership.
The mandate reference will be of letter.	communicated in your membership fee invoice or in a separate
Location / Date:	Signature of the debtor:

Please send us this form per Fax ++49 228 9188 748 or per E-Mail: <u>info@frontinus.de</u> or mail to our address below.