

Application for membership

The key data (without an *) are required for the membership application. Additional data (with an *) is voluntary. Acceptance of the application is decided by the board.

I want to become a member!

Last name, First name	Telephone number(private)
Street / P.O. Box	Telephone number (mobile) *
Zipcode/ City	Telephone number (work) *
Date of birth	Telephone number (parents) *
	Fax *
	E-mail address
	Other e-mail address *

I would like to join the following regional group:

<input type="checkbox"/> Berlin	<input type="checkbox"/> Frankfurt	<input type="checkbox"/> Köln/Bonn	<input type="checkbox"/> München
<input type="checkbox"/> Dresden	<input type="checkbox"/> Hamburg	<input type="checkbox"/> Leipzig	<input type="checkbox"/> Rhein/Ruhr
<input type="checkbox"/> Franken	<input type="checkbox"/> Hannover	<input type="checkbox"/> Mannheim/Heidelberg	<input type="checkbox"/> Stuttgart

I would like to receive regional information on a regular basis: Yes No

In the USA, I was a:

Student
 Lecturer
 Teaching Assistant
 Diversity scholarship holder
 Other

Financed through the:

Fulbright-Commission
 Other financing

through:

US-University
US-Field of study
US-Scholarship year/years
US-degree *
University in Germany *
Field of study in Germany *
Current activity (occupation) / employer *

Ideas and wishes for the club *

- In addition to the electronic version, I would like to receive our FRANKly association publication in printed form by mail.
- * I give my consent for the association to use my image, audio and video recordings of me in association publications. (e.g. FRANKly, club presentation, image films).
- * I give my consent that my image and audio recordings may be published in club presentations on the Internet (currently e.g. club website, Facebook page of the club, Instagram & LinkedIn).
- * I would like my contact details to be published in the association's internal membership directory in digital and printed form.

All my personal data given here as well as changes and additions given later are electronically stored and processed by the association or on behalf of the association. This data can be passed on to members of the association within the framework of the association's purposes. Information required to establish contact, such as address or telephone number, information on studying abroad and information on regional group membership can also be passed on to non-members in justified individual cases within the framework of the association's purposes, e.g. to people who are interested in my US university or in my field of study. The association only passes on all other data given here to non-members with my consent.

The annual fee is (50 Euro; reduced 30 Euro in accordance with Section D of the Fee Regulations. The reduced annual fee is listed under A. (2) is intended for members who are in constant financial need or who are members of a foreign Fulbright Alumni Association that is subject to contributions. This status must be renewed annually by March 1st.) should be debited annually by direct debit from my account to the Fulbright Alumni eV association account (IBAN DE20500100600547885600, Postbank Frankfurt). The authorization I have given and signed below is valid until revoked.

(Note: For members who live within the Euro currency area, other payment methods are only possible in justified exceptional cases. In these cases, a processing fee of 5 Euro is applied in addition to the annual fee.)

If my bank details change, I will inform the Fulbright Alumni e.V. immediately.

Fulbright Alumni e.V. is entitled to issue donation receipts for contributions and donations.

Place, Date	Signature
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GERMAN FULBRIGHT ALUMNI ASSOCIATION

PLEASE SEND IN ORIGINAL!

From (Account Holder)

Last name, First name
Address

to the Fulbright Alumni e. V., Sandweg 81, 60316 Frankfurt am Main, Fax: 069-37301882 (payee)

Creditor identification number: DE42 ZZZ0 0000 0300 59

SEPA direct debit mandate for recurring payments. I hereby revocably authorize Fulbright-Alumni e.V. to collect payments from my account by direct debit. At the same time, I instruct my bank to redeem the direct debits drawn on my account by Fulbright-Alumni e.V.

Note: I can request reimbursement of the debited amount within eight weeks, starting with the debit date. This is applicable in this regard by the contract with my bank conditions.

Membership fee:
(50 Euro, reduced 30 Euro)

Annual donation:
(optional)

Total amount:

	IBAN (in Germany 22 characters DExx ...)
	BIC (only required for IBAN outside DE)
	Bank

IBAN and BIC can be found on an account statement, through online banking or on the customer card.

Before the first collection of a SEPA-based direct debit, the Fulbright-Alumni e.V. will inform me about the collection in this type of procedure and also inform me of the mandate reference.

Place, Date	Signature (Account holder)
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