Membership application - Wohnheim Halifaxstr. / Ahornstr. e.V.

Information about the member

Surname _____

Givenname _____

Street and house number _____ Appartment number _____

Postcode _____ Place of residence _____

Date of birth
dd.mm.yyyy _____

Phone number
optional _____

Email
required _____

Gender
Mark with a cross female ☐ male ☐

Comment

The membership fee is 15 € per started semester.
By his/her signature, the applicant declares his or her accession and commits to comply with the currently valid statutes and rules of procedure. In case that the applicant is under the age of 18, he/she will be represented by a legal guardian.
The statutes, rules of procedure and further information can be found at http://www.halifax.rwth-aachen.de.

Notice to dismissal

Withdrawal from the club will be done by written declaration by letter or e-mail to the board with a deadline of four weeks at the end of each month. Dismissal without notice is possible when moving out. A refund of membership fees is not possible.

Recurring payments

To simplify processing, we ask for the issue of a direct debit mandate (see page 2). The collection dates are on the first of April and the first of October. Payment by bank transfer is possible as well. The information of our bank account are given below.

Data handling

The member and the debtor agree that their data for association purposes are stored by computer. The club will use the data exclusively in the context of club administration and will not pass it on to third parties.

_____, den _____ _____

City Date Signature
in the case of minors, the signature of the legal guardian

Wohnheim Halifaxstraße / Ahornstraße e.V.
IBAN: DE38 3905 0000 1071 4444 40
BIC: AACSDE33
Sparkasse Aachen

Email: verein@halifax.rwth-aachen.de

Anlage zum Mitgliedsantrag von/Annex tot he membership application of

Name/Surname _____

Vorname/Givenname _____

Name des Zahlungsempfängers / Creditor Name: **Betrag/Amount: 15 € pro/per Semester**

Wohnheim Halifaxstraße / Ahornstraße e.V.

Straße und Hausnummer / Street name and number

Halifaxstr. 83

Postleitzahl und Ort / Postal Code and city: Land / Country:

52074 Aachen **Deutschland**

Gläubiger Identifikationsnummer / Creditor identifier:

DE91hlx00001757814

Mandatsreferenz (vom Zahlungsempfänger auszufüllen) / Mandate reference (to be completed by the creditor):

Ich ermächtige / Wir ermächtigen (A) den Zahlungsempfänger Wohnheim Halifaxstraße / Ahornstraße e.V., Zahlungen von meinem / unserem Konto mittels Lastschrift einzuziehen. Zugleich (B) weise ich mein / weisen wir unser Kreditinstitut an, die vom Zahlungsempfänger Wohnheim Halifaxstraße / Ahornstraße e.V. auf mein / unser Konto gezogenen Lastschriften einzulösen.
Hinweis: Ich kann / Wir können innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem / unserem Kreditinstitut vereinbarten Bedingungen.

By signing this mandate form, you authorise (A) the creditor Wohnheim Halifaxstraße / Ahornstraße e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the creditor Wohnheim Halifaxstraße / Ahornstraße 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.

Zahlungsart / Type of payment:

Wiederkehrende Zahlung

Name des Zahlungspflichtigen (Kontoinhaber) / Debtor name:

_____

Anschrift des Zahlungspflichtigen (Kontoinhaber) / Debtor address*:
*Angabe freigestellt / Optional information
Straße und Hausnummer / Street name and number:

_____

Postleitzahl und Ort / Postal code and city: Land / Country:

_____ _____

IBAN des Zahlungspflichtigen (max. 34 Stellen) / IBAN of the debtor (max. 34 Characters):

_____

BIC (8 oder 11 Stellen) / BIC (8 or 11 characters):

_____

Hinweis: Die Angabe des BIC kann entfallen, wenn die IBAN des Zahlungspflichtigen mit DE beginnt. Note: If the creditor's IBAN is beginning with DE, the use of the BIC could be omitted.

Ort / Location: Datum (TT/MM/JJJJ) / Date (DD/MM/YYYY):

_____ _____

Unterschrift(en) des Zahlungspflichtigen (Kontoinhaber) / Signature(s) of the debtor

_____

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