

Membership Application

EULISP-Alumni Deutschland e.V. (EAD)

c/o Madia Jacobs
Postfach 103
Königsworther Platz 1
D-30167 Hannover



The gray / bold fields are mandatory for admission as a member of Alumni-Membership. Details in white fields are optional.

Personal Data:

<input type="radio"/> Ms. <input type="radio"/> Mr.	
Name:	Surname:
Title: <input type="radio"/> _____	
Date of Birth:	
Type of Membership: <input type="radio"/> Graduate, EULISP _____ <input type="radio"/> Student (current ____ semester) <input type="radio"/> Faculty member <input type="radio"/> Other: _____	

Areas of legal interest:

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Topic of Master-Thesis: (for EULISP-students)

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Semester abroad in: (for EULISP-students)

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Address:

Typ: private business place of study

Street:	
Zip Code:	City:
Country:	
E-Mail:	
Telephone:	

Further Address:

Typ: private business place of study

Street:	
Zip code:	City:
Country:	
E-Mail:	

SEPA Direct Debite Mandate

Mandate reference – to be completed by the creditor.
By signing this mandate form, you authorise (A) EULISP-Alumni Deutschland 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 EULISP-Alumni Deutschland e.V.

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

Type of payment: recurrent payment Creditor-Identifier: DE96ZZZ00001083671

The amount of the membership fee is **EUR 12.00 per year** (as of June 25th, 2005).

Name of the debtor(s):
Adress:
BIC:
IBAN:
Bank:
Signature and Date

Please inform us of any changes in address- or bank-details. Thank you!

Member directory

The EULISP-Alumni Association maintains a directory of members, which our members (only those!) are made available. If you tick anything below, your name, title, graduate year, current activities and address are entered.

- I would like to be mentioned in this members-only directory names, titles and graduate year, but without address.
- I would not at all be mentioned in this member directory.

Application for membership in accordance with the above information

I agree that my data is to be used for purposes of the association and is stored electronically. I au-
thorize the EULISP-Alumni Germany (eV) revocable to deduct the membership fee from my / our ac-
count.

I hereby apply for admission as a member in accordance with the above information and statutes. I receive after processing of the member application in accordance with the statutes con-
firmation of the application.



Location:	Date:	Signature:
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Aufnahmevermerk **(is to be completed by the Alumni-association!)**

Mitgliedsnummer:										-						
Aufnahmedatum:																
Handzeichen:																