

Application for Single Membership

I wish to join the Bund Deutscher Zupfmusiker e.V. as a Single Member. I recognise and accept the constitution of the Bund Deutscher Zupfmusiker e.V., especially the rights and duties it describes.

Membership fees are calculated according to the current scale of fees and charges. They are to be paid on a yearly basis, regardless of the date of admission. On presentation of proof, school and university students below the age of 28 pay reduced fees. Termination of membership by a member is only possible at the end of a calendar year, and the Main Federal Office must be notified in writing of the member's intention by September 30th of the current year.

I consent to the have my personal data processed by according to the BDZ data protection declaration. The current fees and charges as well as the data protection declaration are published on the web site www.bdz-online.de

First Name:				
Ctreat and numbers				
Zip Code/tow	n:	State:		
Date of birth:				
Telephone:		Fax:		
Email (manda	tory):			
Please either*	[*])			
0	O debit the membership fees according to the current scale of fees and charges from the following bank account:			
Account holder (if different from the above):				
Bank				
Accou	nt Number/IBAN:			
BIC/S	WIFT Code:			
Or exceptiona	ılly			
O send me the bill and I will remit the amount required.				
Place and date		Signature (legal guardian in the case of n	ninors)	
*) Please mark w	hichever option is relevant			
The section b	pelow is to be complete	Receipt of ed by the Main Federal Office.	application by Main Federal Office	
Membership		•		
Date of EDP entry:				
Member info	rmed on (date):	Abbreviation: _		