



PUELCHE e.V.



Application for membership as a member of PUELCHE e.V. (please complete in print)

surname		first name	
birth date		phone	
street		mobile	
domicile			
e-Mail		post group	

I would like to be informed about the next activities and events of PUELCHE e.V. by e-mail

YES / NO (please delete if not applicable)

Signature of the applicant or legal guardian

SEPA direct debit mandate

1. SEPA direct debit mandate

I authorize the PUELCHE e.V. to collect payments from my account by direct debit.
At the same time, I instruct my bank to redeem the direct debit drawn by PUELCHE e.V.

2. My bank account is (please complete in print)

Name of account owner : _____

Credit institution: _____

BIC: _____

IBAN: DE _____

Signature of account owner