Impact Revolution e. V. membership application



I hereby apply for admission	n to Impact Revolution e. V.
as active member	as sponsoring member (no voting right)
Personal details:	
Name, first name:	
Date of birth:	
Adress:	
E-Mail:	
Phone (optional for sponsoring members):	
employed f.e. 50 €. When addincurred. Please note that expressions are the second of payments.	€ e chosen liberately. Guidance: Students & unemployed from 20 €; mission takes place after June 30., only half of the yearly fees will be very member decides on their own if or how much they can pay.
mandate and enclosed it to	
☐ I will transfer the fees to t	the bank account below.
Do you want to receive our n here:	ewsletter for frequent updates on our activities? - please check
Location, date and signature	Э



SEPA direct debit mandate

Creditor identifier: DE69ZZZ00002369116

The mandate reference consists of the member number and prefixed string: "IRmember".

By signing this mandate form, you authorise Impact Revolution e. V. to send instructions to your bank to debit your account in accordance with the instructions from Impact Revolution 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.

A shortened pre-notification-period for direct debits of seven days is agreed on.

The annual contribution for the (supporting) membership will be payed by direct debit on the first banking day following the 31st of january. Please provide for sufficient coverage of your bank account. For admittance after this date, the payment will be due seven days after arrival of this application at earliest.

Name, first name (Debtor/s):		
Street and number:		
Postal code, city and country:		
Financial institution:		
BIC:	_	
IBAN:		

Location, date and signature