Association Internationale Schule Hamburg e.V.

Application for Membership

Personal Details:

Surname, First Name: _____

Street, House Number: _____

Post Code, Town/City: _____

Phone: _____

Email: _____

Date of Birth: _____

Name of child/ren (optional):

Membership

I hereby apply for membership of the Association Internationale Schule Hamburg e.V.

The annual membership fee is € 12,78 per year.

I accept the Association's Constitution and Membership Fee Regulations in their currently valid versions.

Data Protection

I consent to my personal data being processed for the purposes of membership administration, collection of membership fees and Association communications in accordance with the applicable data protection regulations in accordance with Article 13 of the GDPR.

□ Yes

Place, Date: _____ Signature: _____

SEPA Direct Debit Mandate / *Lastschriftverfahren*

Payee: Internationale Schule Hamburg e.V.

Address: Hemmingstedter Weg 130, 22609 Hamburg

Creditor Identification Number: DE90ISH00002922220

Mandate Reference: To be provided separately.

Account Holder

Surname, First Name: _____

Street, House Number: _____

Postcode, Town/City: _____

Bank Details

IBAN: DE _

BIC: _____

Bank: _____

Mandate

I authorise the Association Internationale Schule Hamburg e.V. to collect payments from my account via SEPA Direct Debit. I also instruct my bank to honour the direct debits drawn on my account by the Association Internationale Schule Hamburg e.V.

Note: I may request a refund of the debited amount within eight weeks of the debit date. The terms and conditions agreed with my bank apply. Advance notice (pre-notification) will be given at least two calendar days prior to the respective direct debit via email or by other suitable means.

Place, Date: _____ Signature Account Holder: _____