



# Membership Application

Female  Male  N/A

Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Address /Zip Code / City: \_\_\_\_\_

THD-Email: \_\_\_\_\_

Phone (optional for the WhatsApp Group): \_\_\_\_\_

Student Study Program: \_\_\_\_\_

Professor/Lecturer  THD Employee  \_\_\_\_\_

### Membership Status

active member: 10,00 €.  supportive member: \_\_\_\_\_ € (min. 10€/Semester).

Hereby I give my consent for admission into RESP e.V., beginning of summer/winter semester **20**\_\_\_\_. The collection of the money occurs on November 1<sup>st</sup> (winter semester) and April 1<sup>st</sup> (summer semester).

Place	Date	Signature*
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### SEPA – Direct Debit Mandate

Ich/Wir ermächtige(n) RESP e.V. Zahlungen von meinem/unserem Konto mittels Lastschrift einzuziehen. Zugleich weise(n) ich/wir mein/unser Kreditinstitut an, die von RESP e.V. auf mein/unser Konto gezogenen Lastschriften einzulösen. Ich/wir kann/können innerhalb von 8 Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Beitrages verlangen. Es gelten dabei die mit meinem/unserem Kreditinstitut vereinbarten Bedingungen. **Gläubigeridentifikationsnummer DE53ZZZ00001909430**

By signing this mandate form, you authorise RESP e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from RESP 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. **Creditor Identifier DE53ZZZ00001909430**

Please note: A membership is only possible with a bank account in the EURO zone, preferable Germany. The conditions agreed with the bank are valid.

Account holder: \_\_\_\_\_ BIC: \_\_\_\_\_

IBAN: DE \_\_\_\_ \_

Datenschutz: Während der Mitgliedschaft werden Daten für die Verwaltung auf elektronischen Datenträgern gespeichert.  
Privacy: Data are stored for the administration on electronic data carriers during the membership.

Place	Date	Signature*
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\*In case of minors, the signature of the child’s legal guardian is compulsory. With the signature, the legal guardian declare to pay the membership fee until the child reaches the age of majority.