

Berlin Debating Union e.V. | Nico Lachmann | Postfach 64 02 05 | 10048 Berlin

Your point of contact:

**Martha (or anyone on the Board)**

finanzen@debating.de

Finances

Board

**Nico Lachmann**

praesident@debating.de

**Martha Kliemt**

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**Luzia Bruckamp**

turniere@debating.de

**Paavo Camps**

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**Lena Kolle**

international@debating.de

Berlin, 28.07.19

## MEMBERSHIP APPLICATION

Dear new member,

Welcome to the BDU! Before you become a member, we'll need some information from you. Please fill these fields out carefully. Your Facebook name (especially if you use an alias) is particularly important so that we can include you in our private Facebook group.

The membership fee is 30 € per year and will be collected through a SEPA direct debit mandate. Paying using SEPA Direct Debit saves us a substantial amount of work. You can pay with this method by filling out and signing the form attached below. We will inform you via email every time before any money is debited from your account.

If you still would prefer not to pay using a SEPA direct debit mandate, we will send you a payment request via email. You can then transfer us the money.

### I would like to become a member of the **BERLIN DEBATING UNION E.V. - DEBATING CLUB OF BERLIN!**

Last Name, First Name: \_\_\_\_\_

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

Major / Profession: \_\_\_\_\_

Address (Street, House Number): \_\_\_\_\_

City, Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Facebook Name: \_\_\_\_\_

Yes, I agree that I will receive my invite to the general meeting through the email address above.

Place, Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(+ Signature of legal guardian for minors)

# BERLIN DEBATING UNION E.V.

DEBATING CLUB OF THE BERLIN UNIVERSITIES

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## SEPA Direct Debit Mandate

Recurring Payments

I authorize Berlin Debating Union e.V. to collect payments from my account by direct debit.

At the same time, I instruct my bank to honor the direct debit drawn by Berlin Debating Union e.V. from my account.

Please note: I can demand reimbursement of the amount debited within eight weeks, beginning with the date of the debit. The conditions agreed upon with my bank apply.

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Account owner: First and last name

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Address (Street number, house number)

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Postal Code and City

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Bank (Name und BIC)

DE \_ \_ \_ \_ \_

IBAN

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Place, Date

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Signature

Before the first collection of the SEPA basic direct debit, the Berlin Debating Union e.V. will give me notice of the collection about to be carried out using this procedure.

BERLIN  
DEBATING  
UNION



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