

## Application for membership of the association marameo Berlin e.V.

I hereby apply for membership of the association marameo Berlin e.V. First and last name \_\_m \_\_t \_\_d Date of birth: \_ Address: E-mail address: Phone number: Passive member (unlimited) Passive members participate in our dance training classes and association program. They are invited to the Annual General Meetings (AGM) but they are not entitled to vote. Passive member (limited to 6 months) This limitation is only possible if the main residence is not in Berlin or in cases where participation in our dance training classes and association program is only possible for a short time. Passive members (6 months) are invited to the Annual General Meetings (AGM) but they are not entitled to vote. Please give the reason for only 6 months membership: ☐ Active member Active members participate actively, regularly, permanently and sustainably in the work of the association. They are invited to the Annual General Meetings (AGM) and are entitled to vote. ☐ Supporting member (passive, inactive Supporting members do not actively participate in the training program. They are invited to the Annual General Meetings (AGM). They are not entitled to vote. **Termination of membership:** 1) Membership may be terminated with four weeks' notice before the end of the

membership year. Otherwise, membership will be renewed for another year or

another 6 months.

2) Cancellation must be in writing (letter, email).



Payment:	•
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Signature applicant

<ul> <li>Passive/active memberships 84 €</li> <li>6 months limited membership 48 €</li> <li>Supporting membership 50€</li> </ul>			
Please issue a <b>SEPA direct debit mandate (please find attached)</b> or transfer the amount to the following account			
marameo Berlin e.V. Berliner Sparkasse IBAN: DE30 1005 0000 0063 6206 50 BIC: BELADEBEXXX			
Payment reference: Name of member and membership type: Membership passive (unlimited) / passive 6 months / active / supporting			
Attention: The membership starts with the first payment!			
Place, date:			
Signature applicant	Signature marameo Berlin e.V.		
Signature applicant  Data protection information	Signature marameo Berlin e.V.		
	a Protection Act, we would like to point out ion and support, the following member		
Data protection information  In accordance with § 33 of the Federal Data that for the purpose of member administration data will be stored, processed and used in the contraction of the purpose of member administration data.	a Protection Act, we would like to point out ion and support, the following member automated files: Name, telephone se of the following personal data by the by means of electronic data processing: date of birth. I am aware that the		
Data protection information  In accordance with § 33 of the Federal Data that for the purpose of member administration data will be stored, processed and used in number, e-mail address, date of birth.  I agree to the collection, processing and us association for membership administration Name, telephone number, e-mail address, e-mai	a Protection Act, we would like to point out ion and support, the following member automated files: Name, telephone  e of the following personal data by the by means of electronic data processing: date of birth. I am aware that the ted without this consent.  membership-related data to the oren und Gesundheitssport e. V.: Gender		



## **SEPA Direct Debit Mandate**

## Marameo Berlin e.V., Wallstraße 32, 10179 Berlin

Creditor Identifier: DE30ZZZ00002583024

The mandate reference can be found on your bank account statement or in your online banking service.

By signing this mandate form, you authorise Marameo Berlin 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 Marameo Berlin 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.

First and last name of the account holder	
Street name and number	
Postal code, City	
Bank	
Place, date	Signature

The SEPA direct debit mandate is only valid with the date and signature.