



Membership application

To the attention of Mr. Frank Schamann (VicePresident of DAG-WMF)

Starenweg 14
91601 Dombühl

☐ Permission is granted to publish my data on the Society's website.

Title, Last Name, First Name, Company Organization	Date of Birth	Additional Information (Legal Form, etc.)
District, Street, House Number	Nationality	
ZIP Code / City	Private Phone	Business Phone
Fax	Mobile	Email
<input type="checkbox"/> I do not wish to be included in the email distribution list		
Mitgliedschaft:		
<input type="checkbox"/> Individual Membership <input type="checkbox"/> Family Membership <input type="checkbox"/> Student / Apprentice		
<input type="checkbox"/> Corporate Membership <input type="checkbox"/> Association / Institution / Public Body Membership		
Additional Authorized Representatives (for Legal Entities) / Additional Family Members:		

I acknowledge the principles and bylaws of the German-American Society of West Middle Franconia (DAG-WMF), available at <https://german-american-society.com/>. I agree to support the objectives set forth in the bylaws and hereby apply for membership in the Society.

I will pay an annual membership fee of at least _____ | _____ € .
(no less than the minimum annual fee determined by the General Assembly)

Current minimum Annual Contributions:

- | | | |
|------------------------------|---|----------------------------------|
| - Individual Members: 30,- € | - Family Membership: 50,- € | - Students / Apprentices: 12,- € |
| - Companies: 120,- € | - Associations / Institutions / Public Bodies: 60,- € | |

My personal data will be stored and used solely by the German-American Society of West Middle Franconia (DAG-WMF) or its authorized representatives for the purposes of the Society's activities and in accordance with applicable legal regulations.

Direct Debit Authorization for Membership Fees

I authorize the German-American Society of West Middle Franconia (DAG-WMF) to withdraw payments for membership dues directly from my account by means of direct debit. At the same time, I instruct my financial institution to honor any debit requests issued by the German-American Society of West Middle Franconia (DAG-WMF).

Creditor Identification Number: DE67DAG00001089237 Mandate Reference: Will be provided before the first debit

Name, First Name of the Payer (Account Holder):

Account Number of the Payer

(in Germany: 22 digits, max. 34 digits):

Routing Number:

Financial Institution:

Place, Date

Signature(s) of the Payer (Account Holder)