



An die
Deutsch-Iranische Krebshilfe e.V.
Frankfurter Ring 224
D-80807 München

Membership form

Sender (please use printed letters):

Mr. Ms. Family Company

Title, first name, last name:

Company:

Street, house number:

Postal code, city:

Phone number:

Email:

I/ We would like to apply for membership at the level indicated below and hereby request admittance. The membership fee is paid annually.

Private individual: €60 Students, pensioners, severely disabled persons: €30
 Professional: €120 Company (supporting member) €3,000 and up

I have read and agreed to the by-laws

If you do NOT wish to authorise direct debit, please do not fill out the bottom field.

Please withdraw the membership fee from my/ our bank account:

Creditor identifier: DE40ZZZ00001071778

Mandate reference: communicated separately

Account holder:

IBAN:

BIC:

Banking institution:

After you fill out the bank details, your membership fee will be withdrawn from your bank account by the Direct Debit process. You will be able to have this Direct Debit mandate revoked at your bank within 8 weeks and have the membership fee reversed.

City, date:

Signature: