

# Application for membership



I hereby apply for admission to the DCG as a paying member. I expect the DCG-information to be delivered (retroactively) from the beginning of the year of admission. The annual membership fee is currently € 54 for individual members, € 60 for family members, the one-time admission fee is € 10 (domestic) / € 20 (abroad). Shipping abroad plus € 12. These funds are used exclusively to support statutory purposes. They are not remuneration for services provided by DCG. I accept the statutes of the DCG.

An die  
DCG-Geschäftsführung  
Klaus Schmitz  
Brahmsstrasse 38  
32816 Schieder- Schwalenberg

Recruited by:	(tick where applicable)	
DCG-region:		
Working group:		
Internet:	über Regionalseite	<input type="checkbox"/>
	über Hauptseite	<input type="checkbox"/>
Member's name		
Start of membership:	Start on 01.01.	<input type="checkbox"/>

### Personal data:

The fields marked with \* are mandatory! Please sign the fields marked with an X!

Salutation:		Street, house No.*:	
First name(s)*:		ZIP, Residence*:	
Last name*:		Country*:	
Date of birth*:			
Phone-Nr.:		Mobile-No.*:	
E-Mail-Adress:		Areas of interest:	

I have a business license that relates to aquaristics: (please tick)      yes       no

### Only for minors: name of legal guardian

Salutation:			
First name(s)*:		Last Name*:	

### Names of family members within the family membership

First name(s)*:		Name*:		<b>X</b>
First name(s)*:		Name*:		<b>X</b>
First name(s)*:		Name*:		<b>X</b>

Signatures of family members

The annual fee for self-payers must be paid by November 30th in advance for the coming year! If a SEPA Direct Debit Mandate is issued, the annual fee is debited in January. DCG will not provide any benefits before the amount is received. The DCG may collect arrears of contributions at my expense! Voluntary resignation is only possible by written declaration to the managing director. In the case of persons with limited legal capacity, in particular minors, the declaration of withdrawal must also be signed by the legal representative. Resignation is only permitted at the end of a calendar year, subject to three months' notice, i. e. by September 30th of the current year. I acknowledge the statutes of DCG.

According to article 13 DSGVO we inform you that your data will be stored on EDP and will only be used for internal purposes; by the above signature the consent to this is given. The DCG is an association, not a publishing house. In accordance with our statutes, the association is not geared towards business profit and all offices of DCG are performed on an honorary basis.

Dues and other fees to be collected by the Association shall be debited from the account named overleaf.

	<b>X</b>	<b>X</b>
place and date	signature	Signature of parent



# Granting one SEPA direct debit mandate

## Payee

Name:	Deutsche Cichliden-Gesellschaft e. V.
Street, house No.*:	Heckenweg 18
ZIP, Residence*:	D-32049 Herford
Creditor identification number:	DE 49 ZZZ 000000 17420

## Mandate reference (to be completed by the payee):

	(The last 4 digits of your DCG member number are used as a mandate reference.)
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## SEPA direct debit mandate:

By signing this mandate form, I authorise (A) the Deutsche Cichliden Gesellschaft e.V. to send instructions to my bank to debit my account and (B) my bank to debit my account in accordance with the instructions from the Deutsche Cichliden-Gesellschaft e. V..

Hinweis: As part of my rights, I'm entitled to a refund from my bank after my account has been debited under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

## Payment method:

Recurring payment  One time payment

## Data of the payer(s) (account holder):

Salutation:			
First name(s)*:			
Last name*:		Name of the bank*:	
Street, house No.*:		Location of the bank*:	
ZIP, Residence*:		IBAN*:	
Country*:		BIC*:	

..... Place and date	..... Signature(s) of the payer(s) (account holder)
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