

Application for Filmhaus Frankfurt e.V. membership

To Whom it May Concern,

I hereby apply for membership to the association Filmhaus Frankfurt e.V.

Please choose from the following:

- starting immediately – yes – no

- starting date: _____

- I am a student/trainee – yes – no

** mandatory fields:*

Last name:*

Date of birth:

Postal code:*

Mobile
number:

First

name:*

Street:*

City:*

E-mail:*

Please choose from the following:

I would like to receive GRIP – Journal of the Filmhaus Frankfurt by post – yes – no

I would like to receive GRIP – Journal of the Filmhaus Frankfurt online – yes – no

With my signature I recognize the Articles of Association of Filmhaus Frankfurt e.V. The current articles are available at <https://www.filmhaus-frankfurt.de/en/filmhaus-frankfurt/statutes/>

Current annual membership fee is 60.00 €

Membership for students, trainees, etc. costs 40.00 €

Address / Contact information Filmhaus:
Filmhaus Frankfurt
Fahrgasse 89
60311 Frankfurt
Tel.: 069 / 13 37 99 94
E-Mail: info@filmhaus-frankfurt.de

Account:
Frankfurter Sparkasse
IBAN: DE81500502010000285900
SWIFT-BIC: HELADEF1822

The membership fee is due annually in the second quarter of each year, or proportionately (e.g. in the year of joining) on the 15th of the following month after joining.

This signed declaration (and, if applicable, the signed permission for granting of the SEPA direct debit mandate) can be delivered to the association by post or in digital form (e.g. as scans in PDF format). Please register for this at www.filmhaus-frankfurt.de/account/register and use the upload function.

I grant permission for storing, processing and use of the following personal information by the association in the course of electronic data processing: last name, first name, address, e-mail-address, as well as (if provided) date of birth and mobile number.

I am aware that the application for membership cannot be approved without this declaration of consent.

Place, date
Signature of member

Permission to issue a SEPA direct debit mandate

Association's Creditor Identification Nummer: DE44ZZZ00001326234

Mandate reference: _____
(to be filled out and confirmed by Filmhaus Frankfurt)

I authorize Filmhaus Frankfurt e.V., Frankfurt am Main, to withdraw all agreed donations and any other amounts contractually owed to the Filmhaus Frankfurt e.V. from my account by direct debit.

At the same time, I instruct my credit institution to allow direct debits from my account by Filmhaus Frankfurt e.V. The membership fee is due annually in the second quarter of each year, or the proportional membership fee for the year joined on the 15th of the following month after joining.

Note: You have a period of eight weeks, starting from the debiting date, to demand the return of the amount debited. The terms and conditions you have agreed with your credit institute apply.

Credit
institute: _____ BIC: _____

IBAN: _____

Account holder: _____

I grant permission for storing, processing and use of the following personal information by the association in the course of electronic data processing: banking information

Place, date
account holder

Signature of