

Membership Application

I hereby apply to become a member of LovefullME e.V.,
Hebborner Berg 51, 51467 Bergisch Gladbach.
I acknowledge and accept the articles of association of the
association.

In addition to the annual membership fee
(currently €30 per year), **I would like to make a**
donation in the amount
of _____ euros.

My payment will be made via Standing order / bank transfer or
 Direct debit / SEPA mandate.

Details of the payer (only if different from the applicant)

First name: _____

Last Name: _____

Street: _____

Postcode & City: _____

Country: _____

IBAN: _____
(Example: DE12|1234|1234|1234|1234|12)

BIC: _____ (for foreign banks only)

Signature of the payer: _____

Applicant

First name + Last name

Date of birth

Street

Postcode + City

E-Mail-Adress*

To be completed by the association:

Membership number:

Date of admission:



In accordance with § 33 of the Federal Data Protection Act, we hereby inform you that the following member data is stored, processed and used in automated files for the purpose of member administration and support: name, address, date of birth. I consent to the collection, processing and use of the following personal data by the association for member administration purposes by means of electronic data processing: name, address, date of birth, email address*. I am aware that the membership application cannot be approved without this consent. (*voluntary information)

City, Date

Signature

Please send the form by post or as a PDF file to: schwoeppe@liebevolllich.de