



Membership declaration

YES! I would like to become a member and do something good for the children of the Neue Schule Wolfsburg!

Please fill in with PC or legibly! Thank you very much

Please note that you can also find the declaration of membership at: www.neue-schule-wolfsburg.de/unsere-schule/foerderverein

Surname, first name of the member:

Voting deputy at general meetings:

Surname, first name of the child:

Class:

Address:

ZIP CODE:

Location:

Phone:

E-Mail:

The contribution is due monthly, beginning on 01.

(Please enter the month/year you joined)

	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The minimum contribution is €10 per month.

Annual net income (EURO)	<40.000	50.000	60.000	70.000	80.000	90.000	>90.000
We recommend the following contribution, depending on your annual net income (in Euro/per month)	10 to 50	100	120	140	160	180	>350

My contribution is per month: 10 Euro 50 Euro 100 Euro 120 Euro
 (please mark with a cross): 140 Euro 160 Euro 180 Euro >350 Euro

(Other amount): _____ Euro

Changes to contractual content (withdrawal, address, account number, donation contribution, etc.) must be submitted in writing. For donations over 300,- EURO p. y. you will receive an unsolicited donation receipt.

I have taken note of the data protection information of the "Verein der Eltern und Freunde der Neuen Schule Wolfsburg e.V."

Location, date

Signature

SEPA-direkt debit

for SEPA-basic-direkt debit - Recurrent payment

Name and address of the payee (creditor)

Verein der Eltern und Freunde der Neuen Schule Wolfsburg e.V.
Heinrich – Heine – Str. 36

38440 Wolfsburg

Creditor identification number:
DE04ZZZ00001130335

Client reference -No.
**WILL BE COMMUNICATED
SEPARATELY**

I/We authorize the "Verein der Eltern und Freunde der Neuen Schule Wolfsburg e.V." to collect payments from my/our account by direct debit. At the same time, I/we instruct my/our bank to redeem the direct debits drawn on my/our account by the "Verein der Eltern und Freunde der Neuen Schule Wolfsburg e.V."

Notes:

I/We can demand reimbursement of the debited amount within eight weeks of the debit date. The conditions agreed with my/our bank shall apply.

Account holder / payer details (address only if different from applicant)

Surname:.....

First Name:.....

Address:.....

ZIP Code and Location:.....

Phone.:.....

E-Mail:_____

IBAN: **DE**_____ BIC:_____

Name of the credit institution:_____

Location, Date

Signature (Account holder)

(all information is required. If information is missing, the application will be rejected until it is complete)

SEND APPLICATION

By E –Mail: foerderverein@neue-schule-wolfsburg.de

For the sake of the environment, please print the declaration of accession on both sides using the duplex process!