

Declaration of membership and direct debit authorization

I / Company

First name, last name

Company, if

applicable

Zip code, city, street

Tel. no.

would like to become a member of the GdF as:

- | | |
|---|---------|
| ☐ Student for the annual fee of | € 20,00 |
| ☐ Individual for the annual fee of | € 30,00 |
| ☐ Company, institution, association for the annual fee of | € 60,00 |

By signing the application for membership I accept the statutes.

I commit myself to the annual membership fee marked above.

I agree to the collection of the annual contribution noted above.

My account details are:

Bank

IBAN

BIC

Place, date

Signature