

**Membership Declaration**

I hereby declare membership in the *Alumni Campus des Alfried Krupp Wissenschaftskollegs Greifswald e.V.* starting on \_\_\_\_\_.\_\_\_\_.20\_\_\_\_ as a supporting member and am prepared to pay a fee of € 30.00 / year (reduced rate € 15.00 / year). The membership fee is tax-deductible according to Sec. 10b of the Income Tax Act. The fee is paid annually.

**Declaration of fee increase**

I declare that I will increase my payment to € \_\_\_\_\_.00 / year starting on \_\_\_/\_\_\_/20\_\_\_\_.  
The membership fee is tax-deductible according to Sec. 10b of the Income Tax Act.

---

Ms  Mr

Surname \_\_\_\_\_

First name \_\_\_\_\_

Street, No. \_\_\_\_\_

Postal Code, City \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Date of birth \_\_\_\_\_

I consent to the above data being collected using electronic data processing for rationalisation reasons and also consent to it being included in the file for that reason.

The membership declaration is valid until I revoke it in writing to the *Alumni Campus des Alfried Krupp Wissenschaftskollegs Greifswald e.V.*.

Date: \_\_\_\_\_ Member's Signature: \_\_\_\_\_

---

**Direct-debit consent**

I hereby consent to the *Alumni Campus des Alfried Krupp Wissenschaftskollegs Greifswald e.V.* collecting my membership fee from my account using direct debit until I revoke this consent.

Bank \_\_\_\_\_ Bank \_\_\_\_\_

IBAN \_\_\_\_\_ Account- No. \_\_\_\_\_

BIC \_\_\_\_\_ Bank routing number \_\_\_\_\_

Name of account holder \_\_\_\_\_ Name of account holder \_\_\_\_\_

Date: \_\_\_\_\_ Account Holder's Signature: \_\_\_\_\_

Please check the appropriate boxes / Please complete the form, print it and send it to the Alumni Campus of the Alfried Krupp Wissenschaftskolleg Greifswald e.V..