



to fill out only from staff

delivered at _____

bank collection after _____

who accepted _____

03.07.2023

Apply for a Membership at Casa Cultural Bremen e.V.

Please complete the document in capital letters

Salutation _____

Surname _____

First give name _____

Date of birth _____

Street _____

Post Code _____

Place _____

Phone Number _____

e-mail _____

Nr.	Name of Workout	Day	Time
1			
2			

Kind of membership

One-time intake fee 15,- €

Ordinary membership

35,- €

cancellable only to 31.12. of the year

Short-term membership

45,- €

cancellable monthly (after 6 months)

Passive membership

10,- €

How did you hear about us ?

teenager up to 18 years old

15,- €

Family (2 adults and 2 children)

75,- €

Discount reason (with documents) max. until End of Year

Children

10,- €

Students (max. 1 course)

15,- €

Privacy statement

I agree that my personal data will be stored by computer for the purpose of member administration.

Without cross no membership possible.

The association makes picture and video recordings to document the club life. The recordings are also used to preserve evidence in the event of burglaries, thefts and assaults by persons.

As a member of the association, I hereby declare my consent to the production of images for the above purpose and permit the use and Veröffentlichung.

Without cross no membership possible.

I agree that my e-mail address for the club newsletter will be used

Without cross no membership possible.

With the signature, I acknowledge the statutes and the contribution regulations of Casa Cultural Bremen e.V.

I am informed about the membership fee and the monthly payment.

Changes of my personal data / bank account I inform the Casa Cultural Bremen e.V. immediately.

Place and Date _____

Signature _____ For minors the legal representative

SEPA direct debit mandate

I hereby authorize Casa Cultural Bremen e.V. to file payments from my account by direct debit.

At the same time, I instruct my bank to redeem direct debits drawn by Casa Cultural Bremen e.V.

Note:

I can demand the reimbursement of the debited amount within eight weeks, starting with the debit date.

Applicable in this regard by the contract with my bank conditions.

Account owner _____

Credit institution _____

DE _____

IBAN / Account number

BIC / BLZ _____

If the bank of the above account does not redeem the direct debit, the costs of 9,- € will be charged to the member.

Place and Date _____

Signature of Account holder _____