

Hoover-Street 544

66876 Ramstein-Miesenbach

**TELEFON**

+49 (0)6371-4659-3702

**FAX**

+49 (0)6371-945428

**E-MAIL**

info@deutscheshausramstein.de

**INTERNET**

www.deutscheshausramstein.de

**BANK**

VR-Bank KL (BIC: GENODE61KL1)  
IBAN: DE33 5409 0000 0081 1156 80

**SEPA Direct Debit Scheme**  
**(For European bank accounts only)**

I hereby authorise **Deutsches Haus Ramstein e.V.** to debit my account with membership fees under the SEPA direct debit scheme.

I furthermore instruct my bank to honour direct debits made by **Deutsches Haus Ramstein e.V.** (creditor ID: **DE66ZZZ00001021452**)

Note: As part of my rights, I am entitled to a refund from my bank under the terms and conditions of I agreed with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

Payment of membership fees takes place once a year.

Account holder (Name und first name)	Member number (assigned by Deutsches Haus Ramstein e.V.)
	Reference (assigned by Deutsches Haus Ramstein e.V.)
Street name and number	Postal code and location
Bank account information	
DE _ _   _ _   _ _   _ _   _ _   _ _	_ _ _ _ _   _ _ _ _ _
IBAN	BIC
Date and location	Signature

To be filled in by Deutsches Haus Ramstein e.V.				
	Received	Member ID printed	Data entered into account system	Forwarded to VR Bank
Date:	__ . __ . 201__	__ . __ . 201__	__ . __ . 201__	__ . __ . 201__
Signature:				

## Declaration of membership

Name\*: \_\_\_\_\_ First name\*: \_\_\_\_\_

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

CIV  Reservist BW  Other Military

BW Angehöriger am StO

BW Angehöriger nicht am StO

Spouse / partner IAW financial regulations: **(Only fill out if you want them to be members!)**

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Children:

Frist name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Frist name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address:

Street name and number\*: \_\_\_\_\_

Postal code/location\*: \_\_\_\_\_ Tel.: (\_\_\_\_\_) \_\_\_\_\_

Office address:

Unit: \_\_\_\_\_

Information will be sent to my personal **email address**\*: \_\_\_\_\_.

I shall pay the annual membership fees in the amount of \_\_.00 € (incl. partner/children) once a year via SEPA Direct Debit Scheme (see reverse).

(Membership Fee 20 € / yearly 1<sup>st</sup> Member, Family Members 10 € each, if you become a member after June 30<sup>th</sup> the fee will change to 10 € / 1<sup>st</sup> member , 5 € each family member/Rest Year)

### \* Required information

By signing the present document I declare my membership with "Deutsches Haus Ramstein e.V.".

I agree to the storage of my above personal data in the membership database. This data may not be transferred to any third parties.

Ramstein, \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

### (To be filled in by the Board of Deutsches Haus Ramstein e.V.)

- Membership fee received \_\_\_\_\_
- Data entered in membership database: \_\_\_\_\_
- Type of membership \_\_\_\_\_
- Membership number \_\_\_\_\_ assigned \_\_\_\_\_
- Member ID produced (date) \_\_\_\_\_

::Legal venue::  
Zweibrücken District Court  
VR 321 L  
Steuer-Nr.: 19/6770/1029