Membership application

I hereby apply for membership in the non-profit association "Fablab Cottbus e.V.".

Personal details

First name: _____   Last name: _____

Date of birth: _____

Street and house number: _____

City and postcode: _____

Phone/mobile: _____

E-mail: _____

Telegram/community name (optional): _____

Membership fee:
The membership fee is:
- ☐ 5€/month (membership only)
- ☐ 7€/month (membership + permanent access to the workshops)

With the Sepa form on the back you allow Fablab Cottbus e.V. to debit this amount monthly from your account.

Exit:
Withdrawal from the association can be declared informally at any time. However, the membership fee will be collected for at least the first 6 months of membership.

Statutes:
I accept the statutes of the association:
https://community.fablab-cottbus.de/t/190

Workshop rules:
I know the workshop rules and accept them with my membership in the association:
https://community.fablab-cottbus.de/t/64

Data security:
The data collected here will only be used for internal association administration.

Disclaimer:
Use of the Fablab is at your own risk. Fablab Cottbus e.V. is only liable within the scope of its liability insurance for personal injury, property damage and financial loss that can be traced back to a fault of Fablab Cottbus e.V. or the persons entrusted with the management of events in it. This does not affect liability in the event of intent and gross negligence or failure to comply with safety regulations.

_____   _____
Place, date   Signature of applicant

Fablab Cottbus e.V.
Walther-Pauer-Straße 7
03046 Cottbus
Creditor Identification Number DE80ZZ00001879165 Mandate
Reference _____(will be filled in by the payee)

SEPA Direct Debit Mandate
I authorise Fablab Cottbus e.V. to collect payments from my account by direct debit. At the same time I instruct
my credit institution to honour the direct debits drawn on my account by Fablab Cottbus e.V..
Note: I can request a refund of the debited amount within eight weeks, starting from the debit date. The conditions agreed with my credit institution apply.

_____
First name and surname (account holder)

_____
Street and house number

_____
Postcode and city

_____ _____|___
Credit institution (name and BIC, BIC only necessary for banks outside the EU)

___|_____IBAN

_____
Date, place and signature

THIS SEPA DIRECT DEBIT MANDATE APPLIES TO THE MEMBERSHIP OF

_____
Surname, Name