

## MEMBERSHIP APPLICATION

### Organizational Information:

Organizational Name	
Street	
City, Postal Code, State	
Country	

### Contact Information

#### Company Representative

*(Primary contact point between your company and the openHAB Foundation e.V.)*

Name	
Title	
Email address	
Street	
City, Postal Code, State	
Country	
Mobile	
Fax	
Telephone	

#### Billing Contact

*(This information is required so openHAB Foundation e.V. can send a bill for the membership fees)*

Name	
Title	
Email address	
Street	
City, Postal Code, State	
Country	
Mobile	
Fax	
Telephone	

## MEMBERSHIP APPLICATION

We apply for being a member of the openHAB Foundation e.V. as an ordinary member

starting today

starting on

day / month / year

The membership fees are available at <http://www.openhabfoundation.org/members/fees>

### City, Date, Signature

.....  
(legal representative)

*With my signature I confirm that I have read and that I acknowledge the constitution in its current version on [www.openhabfoundation.org/constitution](http://www.openhabfoundation.org/constitution).*

please send the filled out form to:  
[membership@openhabfoundation.org](mailto:membership@openhabfoundation.org)

## Payment method

### Please withdraw the membership fee

annually      semi-annually

by SEPA (fill in fields below)

by PayPal from the following account: (only allowed if SEPA is not available in your country)

### We will pay the membership fee

annually      semi-annually

within 14 days after the date of the invoice

to the above mentioned account

to the PayPal account:

[info@openhabfoundation.org](mailto:info@openhabfoundation.org)

### SEPA Direct Debit Mandate (Recurrent Payments)

Creditor identifier: DE39ZZZ00001924135

Mandate reference: will be send afterwards

By signing this mandate form, you authorise the openHAB Foundation e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from openHAB Foundation e.V.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimend within 8 weeks starting from the date on which your account was debited.

I agree to shorten the period of notice to one day (advance notice) with regard to the date and amount of the contributions/payments to be collected.

Name of the bank: ..... BIC: .....

Account owner: ..... IBAN: .....

.....  
city

.....  
date

.....  
signature  
(legal representative)