

Membership application

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

Personal information

First Name: _____ Last Name: _____

Date of birth: _____

Street and house number: _____

City and postal code: _____

Phone/mobile: _____

E-mail: _____

Telegram/Community-Name (optional): _____

Membership fee:

The membership fee is:

☐ 5€/month (membership only)

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

Resignation:

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 regulations:

know the workshop rules and accept them with my membership in the association:

<https://community.fablab-cottbus.de/t/64>

Data privacy:

The data collected here will only be used for the internal administration of the association.

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 losses 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 case of intent and gross negligence or disregard of 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 my credit institution to honour the direct debits drawn on my account by Fablab Cottbus e.V..

Note: I can demand a refund of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my credit institute apply.

First name and last name (account holder)

Street and house number

Postcode and town

_____ | _____ | _____
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

First name , last name