



Membership Application

Hereby I apply for a membership at „bambúProjekt e.V.“:

Last name / first name: _____

Date of birth: (optional) _____

Address: _____

Zip code / City: _____

Telephone: _____

Cell phone: (optional) _____

Email: _____

Date: _____

Signature: _____

How would you like to be informed?

Email (preferred)

Snail Mail (less preferred)

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Direct debit for bambúProjekt e.V. with an amount of **€ 120.- (*€ 60.-)** per year (please choose interval)

€ 60.- (*30) p. half-year € 120.- (*€ 60.-) p.a.

**reduction for students*

from following bank account:

Last name: First name:

Address:

Bank:

IBAN.: BIC: Bank:

entitled for reduction (60.- Euro / year)

Date:

Signature:

Hamburger Volksbank

IBAN DE45201900030019191901
BIC GENO DE F1 HH 2

www.bambuProjekt.org

bambúProjekt e.V.

c/o Jonas Erhardt
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