



Membership application

I hereby apply for membership in the Friends of Neufreimann High School Association:

Last name, first name ^{*,1} :		
Street C House number*:	Postal code*:	City*:
Email ^{*,2} :	Phone number ³ :	Date of birth*:

*: Mandatory information 1: For legal entities, the first name is not required. 2: For example, for confirmation of admission, invitations to general meetings, etc. 3: Optional information

Type of membership: Please check the desired type of membership.	
☐ Regular membership for private individuals: EUR 25 per year	☐ Regular membership for legal entities EUR 120 per year
☐ Supporting membership (without voting rights at the general meeting) EUR 150 per year	

Conditional application:	
☐	I am only applying for membership with effect from the first day of the coming school year and only on condition that my child is accepted at Gymnasium Neufreimann. If this is not the case, the membership application will lapse.

Important documents, consents, and insurance: Agreement to and confirmation of the following points is required for membership in the association.	
☐	I am familiar with the association's statutes and membership fee regulations and accept them as binding: https://foerderverein-gymnf.de/Satzung.pdf https://foerderverein-gymnf.de/BeitragsGebuehrenordnung.pdf
☐	I am familiar with the data protection agreement and agree to it: https://foerderverein-gymnf.de/Datenschutzvereinbarung.pdf
☐	I am aware and agree that my personal data required for membership will be collected, processed, and used as agreed.
☐	I am not a member of any movement classified as extremist, nor do I disseminate the content of such a movement or adopt it as my own.
☐	I have no previous convictions within the meaning of SGB VIII § 72a, para. 1, sentence 1.
☐	

Location:	Date:	Signature:
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SEPA direct debit mandate: I authorize the Förderverein des Gymnasiums Neufreimann e.V. (creditor identification number DE94ZZZ00002818940) to collect payments from my account by direct debit. At the same time, I instruct my bank to honor the direct debits drawn on my account by the association. Note: I can request a refund of the debited amount within eight weeks of the debit date. The terms and conditions agreed with my bank apply.		
Account holder (if different):		Address (if different):
IBAN: D E _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		BIC: _ _ _ _ D E _ _ _ _
Location:	Date:	Signature: