



Membership Application

An das Geschäftsführende Präsidium

Baraza e.V.

Treffauerstr. 18

81373 Munich

Germany

Tel. (+49) 89 30 77 92 00

Fax (+49) 89 300 2841

eMail info@baraza.ngo

With reference to the Bylaws of the Baraza e.V. dated June 6, 2017

I (we) hereby apply for membership in the Baraza e.V.as:

___ Individual member, with contribution of € 75 per calendar year
(OR: as pensioner: € 50 / Couple (Family): € 100 / Student, with student ID: € 15)

___ Corporate membership, with contribution of € 300,-- per calendar year

___ Non-profit organization, with a contribution of € 100,-- per calendar year

Name / Address:

Tel.: _____ eMail: _____

Fax: _____

- Please include me on your mailing list.
- I prefer to receive mail by post (not by email)

The full address may be included in a membership directory and provided to other members.

I / we agree / disagree (delete as appropriate).

Additional information (optional):

Birthdate: _____ Profession: _____

Your personal and professional experience and abilities, which may be of interest:

Special areas of interest with respect to the Baraza's activities and stated goals:

(Place / Date)

(Signature)



Direct debit authorisation
(for German financial institutions only)

To the
Presidium of the **Baraza e.V.**
Treffauerstr. 18
81373 Munich
Germany

Tel. (+49) 89 30 77 92 00
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I/We hereby authorize the Baraza e.V. to collect the membership fee, currently

€ _____ per calendar year by direct debit from my/our account as follows:

IBAN: _____

BIC: _____
BIC data not required within Germany. BIC only for foreign Euro-denominated accounts.

Name of Account-holder: _____

Name and location of the bank: _____

(Place / Date)

(Signature)

Members applying from countries other than Germany are requested to make payment by wire transfer to the following account:

IBAN: DE51 7004 0041 0823 3702 00
BIC: COBADEFFXXX
Commerzbank AG, Frankfurt am Main, Germany

Account-holder: Baraza e.V.