

Membership  
Application for

**FORTH-Gesellschaft e. V.**  
Postfach 1030  
48481 Neuenkirchen



**Phone:** +49 (0) 175 5850 422

**email:** secretary@forth-ev.de  
**WWW:** http://www.forth-ev.de

**Bankcode:** 200 100 20  
**Account:** 563 211 208  
**Bank:** Postbank Hamburg  
Sonderkonto 4

**IBAN:** DE60 2001 0020 0563 2112 08  
**BIC:** PBNKDEFF

First Name: ..... City: .....  
Surname: ..... Country: .....  
Street: ..... Phone: .....  
Zipcode: ..... email .....

I agree that my personal data may be processed by computer within the scope of the intended purpose.

**Membership fees** reduced membership requires proof

Category	Yearly	starting 1 <sup>st</sup> of April	starting 1 <sup>st</sup> of July	starting 1 <sup>st</sup> of Oct.
Students, Retired and Unemployed	<input type="checkbox"/> 20,00 €	<input type="checkbox"/> 15,00 €	<input type="checkbox"/> 10,00 €	<input type="checkbox"/> 5,00 €
Regular members Foreign address	<input type="checkbox"/> 40,00 €	<input type="checkbox"/> 30,00 €	<input type="checkbox"/> 20,00 €	<input type="checkbox"/> 10,00 €
Supporting members companies / institutions	<input type="checkbox"/> 88,00 €	<input type="checkbox"/> 66,00 €	<input type="checkbox"/> 44,00 €	<input type="checkbox"/> 22,00 €

I also support the FORTH-Gesellschaft e.V. with a donation in the amount of ..... €.

**The total amount of ..... €**

- I would like to have debited from my bank account (below).
- I will send by PayPal (available Q3/2022)
- have been transferred to the bank account on .....

**Voluntary information for membership statistics:**

Occupation: .....	FORTH System(s): .....
Year of Birth: .....	Computer: .....
Language: .....	Operating system: .....
Suggestions/Interests: .....	

Date..... Signature of the applicant .....  
(for minors, signature of the legal guardian)

**Direct debit authorization:**

I hereby revocably authorize the FORTH-Gesellschaft e.V. to debit the annual membership fee from my account listed below by direct debit when due. This direct debit authorization expires automatically upon termination of membership.

Name: ..... Account#: .....  
Street: ..... Bank Code: .....  
City: ..... Bank: .....

Date .....  
Account holder's signature