

Application form membership FlorSoz
Floristisch-soziologischen Arbeitsgemeinschaft e.V.

I herewith apply for student's reduction; valid registration status is attached.*

* please delete as applicable

To the Administrative Office of the
 Floristisch-soziologische Arbeitsgemeinschaft e.V.
 c/o Dr. Karsten Horn
 Frankenstraße 2
 91077 Dormitz

Title

Family Name

First Name

Residence, Street.....

Postal Code, City.....

Country

Telephone:

E-Mail@.....

Recommended by:

- I will transfer the first membership fee (40 Euro p.a., reduced: 20 Euro p.a.) after receipt of the payment document*

I/We herewith give the authorization to the Floristisch-soziologische Arbeitsgemeinschaft e. V. (FlorSoz) [Creditor's-IBAN DE38ZZZ00000845028] to collect the fees on due date from the account mentioned below. This can be revoked at any time.*

* please delete as applicable

Bank account number																				
Bank routing number (BLZ)																				
IBAN																				
BIC																				
Credit institution																				

Place, date

(Written) signature of the debtor (account holder)