

Application for the membership of the FlorSoz
Floristisch-soziologischen Arbeitsgemeinschaft e.V.

Mitgliedsdaten

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

* please delete as applicable

To the Administrative Office of the
 Floristisch-soziologische Arbeitsgemein. e.V.
 c/o Dr. D. Remy
 Barbarastrasse 13
 D-49076 Osnabrück
 Germany

Title

Family Name

First Name

Residence

.....

Country

Tel.-Number:

E-Mail@.....

Recruited by:

- I will transfer the first membership fee after receipt of the payment medium.*

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	D	E																	
BIC																			
Credit institution																			

Place, date

(Written) signature of the debtor (account holder)