

# Deutsche Cichliden-Gesellschaft e. V.

## Application for membership



I hereby apply for admission to the DCG as a paying member.  
 I expect the DCG-information to be delivered (retroactively) from the beginning of the year of admission.  
 The annual membership fee is currently 42 € for individual members, 48 € for family members, the one-time admission fee is 5 €. These funds are used exclusively to support statutory purposes. They are not remuneration for services provided by DCG.

**To**  
**DCG managing director**  
**Klaus Schmitz**  
**Siedlerweg 17a**  
**D 32832 Augustdorf**

Recruited by	(tick where applicable)
DCG-region:	
Working group:	
Internet:	Page of a DCG-region
	Main Page
Member's name	
Start of contribution	Debit from the 01.01.

### Personal data

The fields marked with \* are mandatory fields!

Address:		Street, street-number*:	
First name(s)*:		ZIP-Code, city*:	
Name*:		country*:	
Date of birth*		Profession:	
Phone:		Mobile phone:	
E-Mail:		Field of interest:	
I have a trade licence that concerns aquaristics		yes <input type="checkbox"/>	no <input type="checkbox"/> (please tick!)

### Only in case of minors: Legal guardian's name

Address:	
First name(s)*	Name(s)*:

### Names of family members in the context of family membership

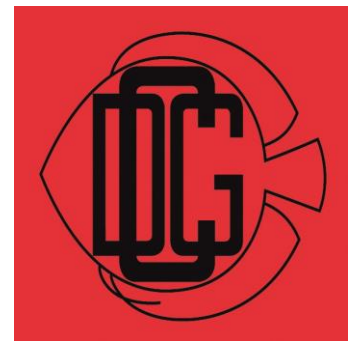
First name(s)*:	Name (s)*:	Signature:
First name(s)*:	Name (s)*:	Signature:
First name(s)*:	Name (s)*:	Signature:

The annual fee for self-payers must be paid by November 30<sup>th</sup> in advance for the coming year! If a SEPA Direct Debit Mandate is issued, the annual fee is debited in January. DCG will not provide any benefits before the amount is received. The DCG may collect arrears of contributions at my expense! Voluntary resignation is only possible by written declaration to the managing director. In the case of persons with limited legal capacity, in particular minors, the declaration of withdrawal must also be signed by the legal representative. Resignation is only permitted at the end of a calendar year, subject to three months' notice, i. e. by September 30<sup>th</sup> of the current year. I acknowledge the statutes of DCG.

According to article 13 DSGVO we inform you that your data will be stored on EDP and will only be used for internal purposes; by the above signature the consent to this is given. The DCG is an association, not a publishing house. In accordance with our statutes, the association is not geared towards business profit and all offices of DCG are performed on an honorary basis.

Dues and other fees to be collected by the Association shall be debited from the account named overleaf.

, Location, date	.....X Signature	.....X Legal guardian's signature
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## SEPA Direct Debit Mandate

**To**  
**Treasurer of the DCG**  
**Michael Schulte**  
**Heckenweg 18**  
**D 32049 Herford**

### Creditor

Name:	Deutsche Cichliden-Gesellschaft e.V.
Street, number:	Heckenweg 18
ZIP-Code, city	D 32049 Herford
Creditor identifier	DE 49 ZZZ 000000 17420

### Mandate reference – to be completed by the creditor

<input type="text"/>	(The last four digits of your membership number are used as mandate reference.)
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### SEPA-Direct Debit Mandate:

By signing this mandate form, I authorise (A) the Deutsche Cichliden Gesellschaft e.V. to send instructions to my bank to debit my account and (B) my bank to debit my account in accordance with the instructions from the Deutsche Cichliden Gesellschaft e.V..

Hinweis: As part of my rights, I'm entitled to a refund from my bank after my account has been debited under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

### Type of payment:

<input checked="" type="checkbox"/> Recurrent payment	<input type="checkbox"/> One off payment
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### Creditor's information

Anrede:		Name of the bank	
Creditor's first name		Location bank	
Creditor's name		IBAN:	
Street, number		SWIFT BIC:	
ZIP-Code, city			

, . . Location, date	..... <b>X</b> Debitor's signature
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