



Tel.: 0049-2151-5695882
Fax: 0049-3212-1009918
Email: info@buf-online.de
Internet: www.buf-online.de

Bundesverband zur
Unternehmens-Förderung e.V. (B.U.F. e.V.)
Camesstr. 59
47807 Krefeld

Membership Application

I hereby request my inclusion in **Bundesverband zur Unternehmens-Förderung e.V.**
as a full member. The annual membership fee is **100€**.

Surname:	_____	First Name:	_____
Nationality:	_____	Date of Birth:	_____
Company:	_____		
Street:	Nr.:	Postcode:	Town:
_____	_____	_____	_____
Telephone Number:	_____		Telefax:
_____	_____		_____
eMail:	_____		
_____	_____		

SEPA-direct debit mandat for recurring payments:

Creditor-Identification-Nr.: DE27 ZZZ0 0000 7044 79 **Mandate-Reference-Nr. shall be notified separatly**

I authorize the B.U.F. e.V. to collect payments from my account by direct debit. I agree, that to me the first SEPA direct debit will be announced not later than five business days before.

Note: I can within eight weeks, beginning with the loading date demand the reimbursement of the loading amount. Applicable in this regard with my financial institution conditions.

Bank:	_____	BIC:	_____
-------	-------	------	-------

IBAN: _____

Signature of the account holder:	_____	Account holder:	_____
----------------------------------	-------	-----------------	-------

The SEPA direct debit mandat is for following payments:

- Membership Fee**
The annual membership fee is basicly withdrawn by direct debit and is off in advanced commencement of membership due. **The annual membership fee is 100€.**
- Registration Fee**
The fee for registration for group insurance at Allianz Worldwide Care (AWC) is unique **59,50€** (50€ plus national tax) per person or family. After positive risk test this fee is collected.
- Health Insurance**
The contributions for group health insurance at Allianz Worldwide Care (AWC).
- Death and Disability Insurance**
The contributions for Death and Disability Insurance at Allianz Worldwide Care (AWC).

Agreement:

I declare, that B.U.F. e. V. can contact me in the future by e-mail, fax or phone for informations.

Town/Date

Signature of the applicant