

## Membership Application Form

The data collected here is necessary for a decision on your application for admission. It is used exclusively for the work of the association and is only stored, processed and used electronically for this purpose in accordance with the DSGVO. You can find our data protection declaration here: <https://domid.org/datenschutz/>

I would like to become a member of DOMiD e.V.

Title  Ms  Mr  other (please specify)

Last Name

First Name

Street

Postal Code, City

Date of Birth

Telephone

E-Mail

Yes, I would like to receive the DOMiD newsletter.

---

Place, Date, Signature

We would like to get to know you better.

Occupation

Positions/functions

Mandates/memberships

Other interests

How did you hear about DOMiD e.V.?

- I have read the statutes and agree with the association's purpose and goals.

**Direct debit authorisation:**

I hereby agree to pay the membership fee of

regular

6€  10€  12€ monthly

Students

2,50€ monthly

Reduced (on request)

10€ annually

Voluntary amount (more than 144€)

annually

Until revocation I agree with DOMiD e.V. collecting the membership fee from my account by direct debit

IBAN

BIC

Bank

I will inform DOMiD immediately in case of any changes of my account connection since otherwise additional costs will arise for DOMiD. **Contact:** [service@domid.org](mailto:service@domid.org)

---

Place, Date, Signature