

FdK e.V.
freier Träger der Kindertagesstätte
„Rasselbande“
Address:
Rischerstraße 12
69123 Heidelberg

Application for membership of the FdK e.V.

I hereby wish to apply for membership of The Friends of the Rasselbande day care nursery support group, registered association

Date _____

_____/_____/_____
Surname, first name // Street and No.:

_____/_____/_____
Post code // City/Town // Date of birth

Membership will take effect on the first day of the month following the date on your application. Termination is possible in writing with a term of notice of 1 month before the end of the quarter. Membership fees are EUR 2 per month and are withdrawn from your account quarterly.

_____/_____/_____
Sort code // Account number

Account holder's name

Name of bank

Account holder's signature

I agree that the membership fee to the amount of EUR _____ per month will be withdrawn from my account quarterly.

_____/_____/_____
Date // Signature

Right of withdrawal for this application is 14 days following receipt of the application. You will receive the organisation's charter following acceptance of your application.