



Freunde des Georgischen  
Kammerorchesters e. V.  
Hohe-Schul-Str. 4

**D-85049** Ingolstadt

## Membership Form

I hereby declare that I wish to join the registered association 'Friends of the Georgian Chamber Orchestra Ingolstadt'

Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
\_\_\_\_\_  
Surname (partner) \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
\_\_\_\_\_  
Street, number \_\_\_\_\_  
Postal code, city \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Email \_\_\_\_\_

### Direct debit authorisation

I hereby authorise the 'Friends of the Georgian Chamber Orchestra Ingolstadt' to collect the annual membership fee amounting to EUR \_\_\_\_\_ payable by me from my bank account stated below when due by means of a direct debit from my account until revoked.

IBAN \_\_\_\_\_  
BIC \_\_\_\_\_  
Bank \_\_\_\_\_

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
signature