



Membership Application Form

I hereby apply for membership to The Women in Economics Initiative e.V. starting from the calendar year _____.

Prefix:	
Last Name:	First Name:
Street Address:	Postal Code:
City:	Date of Birth:
E-Mail:	Phone Number:
Occupation:	Gender:

Option 1: 0 EUR/year

Option 2: _____ EUR/year (freely selectable)

The membership is valid for the respective calendar year (01 January to 31 December) and will be extended for the next calendar year, unless canceled at least one month before the end of the respective calendar year.

I have read and accept The Women in Economics Initiative e.V. General Terms and Conditions for Membership and I agree that my personal data is only saved internally and used by The Women in Economics Initiative exclusively for its own organisational purposes.

Place and Date:	Signature:
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Please print, sign and send us this membership form by post or email.

Direct Debit Authorisation

I hereby authorise the Women in Economics Initiative e.V. to debit the aforementioned amount annually from my bank account until otherwise revoked.

Account holder:	
IBAN:	BIC:
Place and Date:	Signature: