

Application for membership in WE.care e.V.

I hereby confirm that I am joining the non-profit association WE.care e.V. and I agree to pay an annual membership fee of € 70.

- I am medical staff
- I am non-medical staff
- I am a pupil / student (contribution 30, - Euro, proof: pupil / student ID)
- I am interested in participating in a mission

PLEASE USE BIG CAPITAL LETTERS, THANK YOU!

Title: _____ Occupation: _____

Name first Name: _____

Date of birth: _____

Address: _____

Telephone: _____ E-Mail: _____

I hereby give WE.care e.V. the direct debit authorization for the annual debit of the Membership fee of € 70.00. The authorization can be revoked at any time.
(Please prefer direct debit, as it makes our work easier! Thank you!)

My bank details:

IBAN: _____

BIC: _____

Institute: _____

- I transfer the membership fee of € 70.00 to the account of WE.care e.V.
Deutsche Bank Mönchengladbach
IBAN: DE21 3107 0024 0612 6262 00
BIC: DEUTDEDB310

Place, date, signature

Data protection notice / data protection declaration

In accordance with Section 33 of the Federal Data Protection Act, we point out that for the purpose of member administration and support, the member data mentioned below is stored, processed and used in automated files. These data are processed exclusively for this purpose and are not passed on to third parties.

For this we need your consent:

I consent to the collection, processing and use of the following personal data by the association for member administration by means of electronic data processing:

First name, surname, date of birth, address, telephone number, e-mail address, if applicable, proof of premium reduction, direct debit authorization and bank details. I am aware that the application for membership cannot be granted without this consent.

We would like to be able to keep you up to date on our activities and write to you by email. If you would like to receive information in this way, we also need your consent for this. You can revoke this consent at any time.

I consent to that

my email address will be added to the mailing list of the association, through which the members will be informed about the activities of the association.

My mobile phone number is recorded, via which the members of the association can be contacted for internal purposes, coordination of operations, etc.

Place, date, signature