To the Board of Directors of

Kinderhilfe Kambodscha e.V.

Bismarckstr. 69

52066 Aachen

**Membership in the Association Kinderhilfe Kambodscha e.V.**

Name:

......................................................................

Address:

......................................................................

Phone Number:

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Email Address:

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Date of Birth:

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I would like to become a member of the association “Kinderhilfe Kambodscha e.V.”. I will transfer the annual membership fee of **120.00 EURO** for the current year to the account listed below.

Account Holder:

Kinderhilfe Kambodscha e.V.

Bank:

Deutsche Bank Aachen

BIC (Swift CODE):

DEUTDEDB390

IBAN:

DE 83 3907 0024 0199 5885 00

..............................................

(Place; Date)

..............................................

(Signature)

### **Direct Debit Authorization**

The direct debit authorization applies to an annual membership fee of

**120.00 EURO**

starting from the membership fee for the current year.

Name and location of the designated bank:

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**BIC:** ................................ IBAN: ....................................................

**Account Holder:**

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(Place, Date)

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(Signature of Account Holder)