ATZP

Verein für österreichisch-türkischen Zusammenhalt und Partnerschaft

Membership application

Please complete legibly, sign and email the form to info@atzp.at.

1. Personal details

First name *

Last name *

Date of birth *

Email *

Phone (optional)

Street / house number

Postcode / city

Citizenship (optional)

2. Requested membership

- ☐ Ordinary member - active participation
- ☐ Extraordinary member - financial or other special support
- ☐ Youth member - under 18

Honorary membership is awarded by the association; it is not requested here.

Preferred start date (optional)

3. For applicants under 18: parent / legal guardian

Full name

Email

I apply for membership and accept the statutes. I have read the privacy notice. My details may be processed to assess my application and administer my membership.

For applicants under 18, the parent / legal guardian confirms the application by signing.

The board decides on admission (§ 6). Applicable fees are communicated before admission (§ 7). The membership application alone does not authorise direct debits. Fees are paid by transfer until SEPA is activated.

Place, date

Applicant’s signature

Parent / legal guardian’s signature

Required fields: *. Do not attach health information, identity documents or bank card details.

ATZP

SEPA-Lastschriftmandat (CORE)

Optional direct debit supplement to the membership application

DRAFT - Do not sign or use for collection yet. The association address, Creditor ID and bank approval must first be completed.

1. Zahlungsempfänger / Creditor

Verein für österreichisch-türkischen Zusammenhalt und Partnerschaft (ATZP)

Vollständige Anschrift des Vereins - vor Verwendung ergänzen

Creditor-ID - von der Bank / OeNB

Mandatsreferenz - vom Verein vergeben

2. Kontoinhaber/in / Account holder

Full name

Street / number, postcode / city, country

IBAN

BIC (falls erforderlich / if required)

Mitglied / Member (falls abweichend / if different)

Wiederkehrende Zahlung / Recurrent payment

Ich gestatte dem oben genannten Verein, die vereinbarten Mitgliedsbeiträge wiederkehrend von meinem Konto mittels SEPA-Basislastschrift einzuziehen. Meine Bank beauftrage ich, diese Lastschriften auszuführen. Eine Erstattung kann ich binnen acht Wochen ab Kontobelastung bei meiner Bank verlangen; maßgeblich sind die mit meiner Bank vereinbarten Bedingungen.

I authorise the association named above to collect the agreed membership fees from my account by recurring SEPA Core Direct Debit, and instruct my bank to execute them. I may request a refund from my bank within eight weeks of the debit under my agreement with the bank. The amount and due date will be notified at least 14 calendar days in advance. I may revoke this mandate for future collections by notifying ATZP; revocation does not itself end membership.

English explanation; the German authorisation text appears above.

Place, date

Account holder’s signature