

**Membership Application**  
Förderverein Stückchen Himmel e.V.



**Please send to:** Förderverein Stückchen Himmel e.V - Teichweg 7 - 75382 Althengstett

I want to support the goals and tasks of Förderverein Stückchen Himmel e.V. and hereby apply for membership. I have been invited to do so by \_\_\_\_\_  
(please fill in first and last name).

I agree with the publication of my / our name as supporters of  
Förderverein Stückchen Himmel e.V.:  Yes  No

**Member Data:**

Last Name, First Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
ZIP, City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I agree to the storage of my data solely for statutory tasks. I also agree to the transfer to other members of the association. I have taken note from the statutes and recognize them as binding. A termination of the membership is only possible at the end of a fiscal year. The cancellation must be received in writing no later than three months before the end of the calendar year. The statutes of our foundation may be viewed online at [www.stueckchen-himmel.org](http://www.stueckchen-himmel.org).

By signing this application the following membership fees apply:

Annual Membership Fee (please tick as appropriate):

- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adults:               | 50,-- €                           |                                   |
| <input type="checkbox"/> Pupils, Students:     | 10,-- €                           |                                   |
| <input type="checkbox"/> Supporting Member:    | 100,-- € <input type="checkbox"/> | 200,-- € <input type="checkbox"/> |
| <input type="checkbox"/> Corporate Membership: | 300,-- € <input type="checkbox"/> | 500,-- € <input type="checkbox"/> |

- Until further notice I voluntarily give additionally by bank collection:  
\_\_\_\_\_ €  monthly  
 quarterly  
 yearly

Bank collection of membership fees is done by direct debit procedure first time in the month of this membership application, then in January of the subsequent year.  
A donation certificate will be sent by the end of the year.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Signature

**Direct Debit Mandate**

Hereby I authorize the association revocable to collect my membership fee when due by direct debit from this bank account:

Account Holder (if different): \_\_\_\_\_

IBAN: \_\_\_\_\_ BIC: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

1st Chairman	Gerhard Rall	Förderverein Stückchen	Phone. +49 (0) 7144 907 0	Register of associations VR Nr. 310527
2nd Chairman	Oliver Jundt	Himmel e.V.	Fax +49 (0) 7144 907 270	District Court Stuttgart
Board Member	Otto Arnold	Hardtstr. 6 . 71672 Marbach		Bank Account:
	Sibylle Nußbaum	Germany		Kreissparkasse Ludwigsburg
	Martin Zettler		info@stueckchen-himmel.org	IBAN DE03 6045 0050 0000 0053 28
Treasurer	Christoph Rall	Date: 06.11.2020	www.stueckchen-himmel.org	BIC SOLADES1LBG