

**Bund Deutscher Zupfmusiker e.V.**  
Main Federal Office  
c/o Evelyn Rath  
Strochenstraße 30 - 32  
66424 Homburg/ Saar  
Germany  
geschaeftsstelle@bdz-online.de



## Application for Single Membership

I wish to join the Bund Deutscher Zupfmusiker e.V. as a Single Member.

I recognise and accept the constitution of the Bund Deutscher Zupfmusiker e.V., especially the rights and duties it describes.

Membership fees are calculated according to the current scale of fees and charges. They are to be paid on a yearly basis, regardless of the date of admission. On presentation of proof, school and university students below the age of 28 pay reduced fees. Termination of membership by a member is only possible at the end of a calendar year, and the Main Federal Office must be notified in writing of the member's intention by September 30th of the current year.

First Name: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Street and Housenumber: \_\_\_\_\_  
Zip Code/town: \_\_\_\_\_ State: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Please either\*)

- debit the membership fees according to the current scale of fees and charges from the following bank account:

Account holder (if different from the above): \_\_\_\_\_

Bank \_\_\_\_\_

Account Number/IBAN: \_\_\_\_\_

BIC/SWIFT Code: \_\_\_\_\_

- or  send me the bill and I will remit the amount required.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature  
(legal guardian in the case of minors)

\*) Please mark whichever option is relevant

Receipt of application by Main Federal Office

The section below is to be completed by the Main Federal Office.

Membership number: \_\_\_\_\_

Date of EDP entry: \_\_\_\_\_

Member informed on (date): \_\_\_\_\_ Abbreviation: \_\_\_\_\_