

**Dr. Dr. Jean-Bertrand MADRAGULE BADI**

Chairman

**KONGO SOCIAL-CARE e. V.**

Liebfrauenstraße 7A

D – 44803 Bochum



Telephone +49 234 89 36 04 67

Telefax +49 234 89 36 04 69

E-mail: [info@kongo-social-care.de](mailto:info@kongo-social-care.de)

Internet: [www.kongo-social-care.de](http://www.kongo-social-care.de)

## Declaration of Membership in the Association **Kongo Social-Care e. V.**

Family, Name	
Date of birth	
Street + N°.	
Postcode, city	
Country	
Telephone	
Telefax	
E-mail	
Internet	

I hereby declare that I want to join the Association **Kongo Social-Care e. V.** as a

**Full Member**

**Supporting Member**

I support the work and the goals of „**Kongo Social-Care e. V.**“ with:

- the annual minimum contribution of Euros **30.00** .....
- the annual minimum fee for students of Euros **15.00** .....
- a voluntary annual contribution / donation of Euros .....

I authorise to debit the amount of the annual fee from my account (see direct debit authorisation)

I transfer the annual fee / donation to the account of **Kongo Social-Care e. V.** Donations in favour of **Kongo Social-Care e. V.** are tax deductible.

Holder	<b>Kongo Social-Care e. V.</b>
Bank	Sparkasse Krefeld
Purpose	
IBAN	DE15 3205 0000 0000 2770 04
BIC	SPKRDE33XXX

Place, date.....Signature.....

Chairman: Dr. Dr. Jean-Bertrand Madragule Badi

Management: Klaus Dieter Deumeland, Barbara Agnieszka Baranowska, Michael Mevissen

Bank details: Sparkasse Krefeld: IBAN: DE15 3205 0000 0000 2770 04; BIC: SPKRDE33

Registered at the District Court Krefeld under VR 4620

Recognized non-profit organization at the tax office Krefeld

Tax number: 117/5864/0756

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## Direct Debit Authorisation

FAMILY NAME	
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NAME	
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BANK	
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IBAN																				
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BIC															
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I hereby authorize the Association **Kongo Social-Care e. V.**, to collect the membership fee by direct debit from my account until further notice. With the termination of the membership the authorization to collect the annual subscription will expire. I will inform immediately the association in case of any change of bank account and / or my address.

Place, date: .....

Signature.....

**The payment of the annual contribution is always on January 15 of the year the contribution is due.**

### Privacy Policy

Your data will be stored electronically for purposes of membership administration and will be not passed to unauthorized persons.

**Please complete in capital letters and send to **Kongo Social-Care e. V.****