Dr. Dr. Jean-Bertrand MADRAGULE BADI

Chairman **KONGO SOCIAL-CARE e. V.** Couvent Saint-Albert le Grand Cloîtres Saint-Jean 3 B – 4000 Liège – Belgium

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E-mail: <u>info@kongo-social-care.de</u> Website: <u>www.kongo-social-care.de</u>

Declaration of Membership

at Kongo Social-Care e. V.

Last name, first name	
Date and place of birth	
Street + No.	
Postcode, place of residence	
Country	
Phone	
Fax	
E-mail	
Website	

I hereby declare my membership at the association Kongo Social-Care e.V. as

\square ordinary member

□ supporting member.

I support the work and goals of "Kongo Social-Care e. V." with

- the minimum annual contribution of Euro **30,00**.....
- the minimum annual contribution for students of Euro **15,00**.....
- o a voluntary annual contribution / donation of Euro
- $\hfill\square$ I authorise the direct debit of the amount from my account (see direct debit authorisation).
- □ I transfer my annual contribution / donation to the account of Kongo Social-Care e. V. Donations to Kongo Social-Care e. V. are tax deductible.

Account holder	Kongo Social-Care e. V.
Bank	Sparkasse Krefeld
Intended use	
IBAN	DE15 3205 0000 0000 2770 04
BIC	SPKRDE33XXX

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



Ne take can **Dr. Dr. Jean-Bertrand MADRAGULE BADI** Chairman KONGO SOCIAL-CARE e.V. KONGO SOCIAL-CARE e.V. Couvent Saint-Albert le Grand **Cloîtres Saint-Jean 3** B-4000 Liège-Belgium Phone.: +32 42 20 56 96 Mobile: +32 465 19 49 61 E-mail: info@kongo-social-care.de Website: www.kongo-social-care.de

Direct debit authorisation (by direct debit)

LAST	NAN	ЛE														
FIRST	NAI	ME														
BANK	ING	IN	STI	TU'	ΓЕ											
IBAN																
																_
BIC																

I hereby authorise the association Kongo Social-Care e. V. to debit the membership fee by direct debit from my above-mentioned account until revoked. With the termination of membership, the authorisation to debit the annual membership fee also expires. I will inform the association immediately of any change of bank details and/or my address.

Place, date:....

Signature:....

Note on data protection:

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

Please fill out in block letters and send to Kongo Social-Care e. V.