



# Membership application

## *Freunde und Förderer der Galilei-Grundschule e.V.*

The association *Freunde und Förderer der Galilei-Grundschule e.V.* brings together parents, teachers, school management, family members, friends and other interested parties to shape the future of Galilei Grundschule and its pupils. Everyone is welcome and can join the association.

Together we support Galilei Grundschule and create many great additional activities for our children. To do this, we need creative ideas, energetic hands - and money. We are therefore happy to receive financial contributions (one-off or as a supporting membership) and especially to **welcome you as a full member of the association** and your active support.

## I'm in!

*\*Please fill in **mandatory information** in block letters*

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**\*Name, First Name**

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**\*Adresse** (Street, Number, Zip Code, City)

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**\*E-Mail** and Phone

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Child/ Children's Name(s)

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Grade(s)

I can enrich and support the association with the following expertise & active commitment (project work, events, expert advice, IT, communication, legal, administrative ...):



Please check all that apply:

\*I hereby declare my membership as a full member of the *Freunde und Förderer der Galilei-Grundschule e.V.* My annual contribution is:

- Category A | 12 €** (1,00 €/ month)     **Category B | 25 €** (2,08 €/ month)  
 **Category C | 50 €** (4,16 €/ month)     **individual amount** (from 51 €):

Please note: The contribution can be adjusted annually. Please think about what you can afford financially. The funds will all benefit the students.

The annual payment is made via

**Option 1: SEPA direct debit mandate / direct debit authorization**

I hereby authorize the *Freunde und Förderer der Galilei-Grundschule e.V.* to debit my account with the annual contribution determined by me. At the same time, I instruct my bank to redeem the direct debits drawn on my account by the *Freunde und Förderer der Galilei-Grundschule e.V.*

**Account holder:**

**IBAN:**

**Creditor ID no:** DE13ZZZ00001880177

**Mandate reference, given by the Verein:** NAME FIRST NAME YEAR OF ACCESSION  
(pe: SCHUMANNCLARA2025)

I can request reimbursement of the debited amount within eight weeks of the debit date. The conditions agreed with my bank apply.

**Date and signature of account holder:** \_\_\_\_\_

Note: The annual fee is collected annually at the end of the month in which you join or the following month. The direct debit authorization can be revoked at any time by e-mail and ends automatically upon termination of membership.

**Option 2: Bank transfer**

We kindly ask you to make a bank transfer to the account below by January 31st of each calendar year.

Recipient: *Freunde und Förderer der Galilei-Grundschule e.V.*

IBAN: DE16 1005 0000 0191 6018 29

Purpose: Membership fee 'year', surname, first name (of the member)



- \*I hereby accept the **statutes** of the *Freunde und Förderer der Galilei-Grundschule e.V.* I can always access the latest version of the statutes via <https://galilei-grundschule.de/foerderverein/>
  
- \*I agree that my **personal data** may be stored, processed and used electronically to the extent necessary for the realization of the statutory purposes, member information and member administration in accordance with the applicable data protection regulations of the GDPR. I can revoke this consent at any time with effect for the future.
  
- \*I would like to **receive current information** from the Förderverein **by e-mail**. This consent can be revoked at any time by e-mail.

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Ort, Datum

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Unterschrift

Thank you for your support

