Membership application

I,		, hereby apply to join JUnQ e. V.	
first name	last name		
Personal details:			
Date of birth:			
Profession:			
Address:			
street		postal code	city
Email:			
I agree to pay an annual me	mbership fee of €	(at least € 30).
I agree that JUnQ e. V. electof member support.			
place and date		sionature	

Creditor Identifier: DE78ZZZ00000176754

SEPA Direct Debit

first name	last name (account ho	older)
street	postal code	city
membership application, on the	to withdraw my annual member due date – at the moment in July ank to cash the debit initiated by JU	- from my bank account. At
amount withdrawn. I have to co	rting at the time of debit, I can assonsider the conditions provided with ave to pay the fee charged by the	n my bank account for further
bank (name and BIC)		
IBAN	_	
The SEPA Direct Debit form ca	an be cancelled anytime in written	form.
place and date	signatu	are of account holder