



Postal Address:

Refugee Law Clinic Siegen e.V.
c/o University of Siegen – Faculty III
57068 Siegen

Refugee Law Clinic Siegen e.V.

University of Siegen – Faculty III
Room: US-F 211
Kohlbettstraße 15
57072 Siegen
Info@RLC-Siegen.de
1. Chairwoman: Nathalie Vinders
2. Chairwoman: Devrim Koyunbasoglu
Treasurer: Janina Harms
Local Court Siegen, Registry Number: VR 6601

Declaration of Accession

Refugee Law Clinic Siegen e.V.

I. Contact Information

Please complete in Block Capitals

Full Name

Profession or Course of Study

Street Address

Zip Code and City

Telephone Number

Mobile Phone Number

E-Mail Address

Date of Birth

II. Type of Membership and Contribution Amount

I want to be an active, creative Member of the Refugee Law Clinic Siegen e.V. Additionally, I want to be informed about news and Convocations of General Meetings.

I agree with the annual Membership Fee of 15,00 EUR, which will be collected at the beginning of the Membership and the beginning of each following Calendar year.

I prefer being a passive support Member, doing my bit during valuable Financial Help. I have understood that I do this without any Participation or Influencing Rights.

I am free to choose the annual Amount of my passive Membership, which will be collected at the beginning of the Membership and the beginning of each following Year.

Amount of the passive Subsidy Amount: _____ EUR

III. Further Rights and Obligations

Herewith, I declare my Accession to the Refugee Law Clinic Siegen e.V. and I respect its Statute. Furthermore, I accept the Privacy Policy of the Refugee Law Clinic Siegen e.V. and I am aware as well as I agree with the electronic storage of my personal data.

I take notice of being a consultant after successfully passing the training course with an exam from the Refugee Law Clinic Siegen e.V. as well as after signing the consultancy agreement.

I know that I can cancel my Membership by the Statute only due to a written Declaration towards the Board half-yearly in compliance with the period of Cancellation of four Weeks.

Place and Date of Issue

Signature



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SEPA Direct Debit Mandate

Refugee Law Clinic Siegen e.V.

I. Information about the Refugee Law Clinic Siegen e.V.

Creditor Identifier Number: DE93 ZZZO 0002 2239 42

Mandate Reference: Takes place via E-Mail

II. Contact Information

Please complete in Block Capitals

Full Name

E-Mail Address

Street Address

Zip Code and City

Mobile Phone Number

Name of Credit Institute

IBAN

BIC

III. Further Rights and Obligations

Herewith I agree that the Refugee Law Clinic Siegen e.V. can collect the authorized Amount of Membership Fee at the agreed Time from my Bank Account mentioned above. Additionally, I instruct my Credit Institute to cash the direct Debit of the Refugee Law Clinic Siegen e.V. from my Bank Account.

I am okay with Debiting the annual Membership Fee at the beginning of the Membership and the beginning of each following year.

In case of non-acceptance, I know that I can cancel the Debiting in between eight Weeks after the first Debiting and I will get a Refund then. The Provisions of the Credit Institute are applicable.

Place and Date of Issue

Signature