

☐ Application for Member	silip di giasspool e. v.	Membership No.
Institution		Telephone
Surname*, Title if applicable, First Name*	Profession	Date of Birth*
Street*	Postcode and Town or Village*	e-mail*
* required details		
benefit recipients, unemployed, secor	☐ Juridical☐ Reciprocecent school leavers [during their first year	Person, 120 Euros cal Membership** ar after school], pensioners, disabled persons,
Statement of agreement Member profile on www.glass General Declaration of Data Prof	,	
	or membership will be stored in t	he Association's data bank and only mandates.
	lied separately. vithdraw funds from my/our acc n which glasspool e.V. will make	ount by direct debit. I/We hereby these withdrawals. Please note: withir and a refund of the amount withdrawn.
Account holder	IBAN	
BIC	Credit Institutio	on, with its location
Place/Date/Signature		

glasspool e.V. | Heroldsberger Weg 83 | 90489 Nürnberg info@glasspool.de | members@glasspool.de