

Deutscher Mieterbund (German Tenants' Association)

Membership number:

Mieterverein Buchholz e.V.

Hamburger Straße 8 21244 Buchholz

Postfach 1706 21236 Buchholz

Phone: 04181 8811 Fax: 04181 31043

info@mieterverein-buchholz.de

APPLICATION OF MEMBERSHIP

I hereby declare my membership of the Tenants' Association and accept the statutes handed to me as well as the supplementary provisions on legal expenses insurance and the fees displayed in the association.

Entry date: _____

Name: _____

Partner: _____

First name: _____

First name: _____

Date of birth: _____

Date of birth: _____

Street address: _____

Postcode/city: _____

E-Mail address: _____

Phone number: _____

Have you already been a member? Yes / No Partner: Yes / No

Data protection

We take the protection of your personal data very seriously. We make every effort to offer you the benefits of our association without compromising your privacy.

It is essential for the work of our association to store and manage your data. For further details, please refer to the attached information on data protection. With my signature, I confirm that I have received the information sheet (information on data protection) of the DMB-Mieterverein Buchholz e.V. before my data is recorded or that I have taken note of the information on data protection on the association's homepage in advance.

Signature: _____

Signature: _____

Legal protection

Membership of DMB-Mieterverein Buchholz e.V. includes a legal protection contract with DMB-Rechtsschutzversicherung AG.

With my signature, I confirm that I have received the information sheet on data processing in accordance with Article 14 DS-GVO. Furthermore, I confirm that I have received the information sheet on legal expenses insurance from the German Tenants' Association (DMB).

Signature: _____

Signature: _____

Buchholz, Date: _____

Issuing a SEPA direct debit mandate

Name of the payee: DMB-Mieterverein Buchholz e.V.
Address of the payee: Hamburger Str. 8, 21244 Buchholz
Creditor identification number: DE70ZZZ00000018982

Name and address of the debtor/ account holder: _____

Mandate reference (will be communicated separately): _____

Payment method: Recurring payments

The contribution is due in the first month of the calendar year or in the month of joining on a pro rata basis for the current year.

SEPA direct debit mandate

I/ we authorize you to collect payments from my/ our account by direct debit.

At the same time, I/ we instruct my/ our bank to redeem the direct debits drawn on my/ our account by the payee (see above for name).

BIC: _____ IBAN: DE _____

Name of the credit institution: _____

Note: I/ we can demand reimbursement of the debited amount within eight weeks of the debit date. The terms and conditions agreed with my/ our bank shall apply.

Before the first collection of a SEPA direct debit, the payee (see above for name) will inform me/ us of the collection using this procedure:

Place/ date: _____ Signature: _____