



Alumni Freiburg e.V.

Albert-Ludwigs-Universität Freiburg
Haus "Zur lieben Hand"
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Absolventenvereinigung e.V.

Albert-Ludwigs-Universität
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Phone: +49 (0)761/203-2338
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Application for a dual membership to Alumni Freiburg e.V. and Freiburger Wirtschaftswissenschaftler – Absolventenvereinigung e.V.

I am already a member of

- Alumni Freiburg e.V.
- Freiburger Wirtschaftswissenschaftler e.V.
- I am not yet a member of either association and would like to apply for a dual membership to **Freiburger Wirtschaftswissenschaftler – Absolventenvereinigung e.V.** and **Alumni Freiburg e.V.**

Personal data:

Last name: _____
First name: _____
Street, house no.: _____
Postal code, city: _____
Email (private): _____

Title: _____
Date of birth: _____
Phone (private): _____
Fax (private): _____
Mobile (private): _____

Professional data:

Company/Organization: _____
Function/Position: _____
Street, house no.: _____
Postal code, city: _____
Email (work): _____
Homepage: _____

Phone (work): _____
Fax (work): _____
Mobile (work): _____

Degrees:

Diplom Institution: _____
Bachelor Institution: _____
Master Institution: _____
Doctorate Institution: _____
Habilitation Institution: _____

Year: _____
Year: _____
Year: _____
Year: _____
Year: _____

I would like to join as a

- student (10 EUR, non-recurring)
- graduate (25 EUR per year until 5 years after graduation)
- member (80 EUR per year)

I have taken note of the applicable articles of association.

The annual membership dues are currently 25 EUR until 5 years after graduation and 80 EUR thereafter and are payable by direct debit in the first quarter of each year.

Memberships may be cancelled with three months notice before the end of each year.

I give my consent for any personal data needed in connection with my membership to be collected for the association, processed, and used in a computerized procedure in accordance with Baden-Württemberg's State Data Protection Law (*Landesdatenschutzgesetz*).

Furthermore, I give my consent for my address to be passed on to other members; however, it may only be used to promote the aims of the association.

I agree to allow the associations to inform me about association events (alumni meetings, lectures, etc.) by mail or by email.

Alumni Freiburg e.V.

Creditor identifier: DE30ZZZ00000030760

SEPA Direct Debit Mandate

I/We authorize Alumni Freiburg e.V. to withdraw payments from my/our account by means of direct debit. At the same time, I/we instruct my/our credit institute to honor the requests for direct debits from my/our account made by Alumni Freiburg e.V.

Note: I/we may request for the amount charged to be reimbursed within eight weeks, beginning on the date of the transaction. In this case, the conditions agreed upon with my/our credit institute apply.

Holder of account (first name, last name) _____

Street, house no. _____

Postal code, city _____

Country _____ Amount _____

IBAN _____

Name of credit institute _____

Place, date _____ Signature(s) _____