

Friends of Metropolitan School Frankfurt Application Form

I hereby apply for a membership of the Friends of Metropolitan School Frankfurt e.V.

Last name: **First name:**

If you are a graduate and you apply as Alumni, please quote your class: Class of

Student name(s) or Alumni name:

Street:

Zip code, place:

eMail(s)*:

* as you fill in the e-mail address, we will use it to inform you about matters of the society or your donation receipt and you give your consent to do so. In case you don't want us to send you Mails, don't fill in the e-mail address or contact us. Please notice our separate Information on Data Processing.

We recommend to donate at least €50. The minimum annual contribution per member is €20. My annual contribution (please circle one):

€50	€100	€200	€300	other
-----	------	------	------	-------	-------

Membership is valid for the school year and is automatically extended by one year if the cancellation is not received by the Friends of Metropolitan School Frankfurt e.V. by May 31st of the previous year.

Information on data protection:

Your personal data given in the declaration of membership will be processed as published on <https://www.m-school.de/en/community/data+privacy/>

O I agree, that all personal data (name, address, contact, year of graduation of alumni) will be given to Metropolitan School Frankfurt gGmbH. You can revoke your consent at any time.

.....
Place

.....
Date

.....
Signature (adult)

In case of minority of an alumni both parents and the minor must sign.

.....
Signature (parent)

.....
Signature (parent)

.....
Signature (minor alumni)

>>>> NEXT PAGE: SEPA Direct Debit Mandate >>>>

SEPA Direct Debit Mandate for SEPA Core Direct Debit Scheme

SEPA Lastschriftmandat für SEPA-Basis-Lastschriftverfahren

Creditor's name and address / Name und Anschrift des Zahlungsempfängers

Friends of Metropolitan School Frankfurt e.V., Eschborner Landstraße 134-142, 60489 Frankfurt am Main

Creditor identifier: / Gläubiger-Identifikationsnummer: DE29ZZZ00000820358

Name of Debtor:

Address:

Account number – IBAN*:

Swift BIC*:

.....
Place

.....
Date

.....
Signature (adult)

By signing this mandate form, you authorize the Friends of Metropolitan School Frankfurt e.V. to send instructions to your bank to debit your account in accordance with the instructions from the Friends of Metropolitan School Frankfurt e.V. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Ich /Wir ermächtige(n) die Friends of Metropolitan School Frankfurt e.V., Zahlungen von meinem/unserem Konto mittels Lastschrift einzuziehen. Zugleich weise(n) ich/wir mein/unser Kreditinstitut an, die von den Friends of Metropolitan School Frankfurt e.V. auf mein/unser Konto gezogenen Lastschriften einzulösen. Hinweis: Ich kann/Wir können innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrags verlangen. Es gelten dabei die mit meinem/unserem Kreditinstitut vereinbarten Bedingungen.