



Membership Form

I, _____ (surname, given name)*, declare to join AEGEE Mannheim e. V.

I agree on the payment of a membership fee of 8,00 € per semester.

Address*

Email*

Date of birth*

Mobile Phone Number

University

Subject / semester

- I agree that my phone number is added to the WhatsApp group of AEGEE-Mannheim.
- I agree to be subscribed to the mailing list of AEGEE-Mannheim with the email address.
- I agree to the procession and storage of the above-mentioned data for the purposes of administration of the organization. My data will be stored for the whole period of my membership and up to one year after my membership terminates. I allow AEGEE-Mannheim to share my data with AEGEE-Europe for the same purpose. *

Place, Date

Signature

* = Required field

Bank account

AEGEE Mannheim e. V.
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BIC MANSDE66XXX
Sparkasse Rhein-Neckar Nord

Social Media

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