

Internationale Akademie der Wissenschaft und Künste e.V. (IASHA e.V.)
Address: Moosbachstr. 9, 79256 Buchenbach, Germany

Beitrittserklärung/Membership Agreement

Herewith I apply for the membership to IASHA e.V. (International Academy of Sciences, Humanities and Arts)

The annual member's fee is calculated proportionate by the entry date up to the coming 1st of July. Then the subsequent contribution is due in each case the 1st of July. The membership fee will be 100 €. For students and members from low-income countries the annual fee is 25 €.

The first member's year begins with the entry date and ends on coming 1st of July. The membership is automatically extended if you do not give notice with a term of 4 weeks to 1st of July of the subsequent year.

By joining IASHA e.V. you agree to have your data stored in an address file. IASHA e.V. pledges to use the data exclusively for internal purposes.

Please fill out this form, print it out, and send it to us to the address listed above, or via mail to stephan.seiler@josha-archive.org.

Personal Data

Last Name, First Name _____

Street Address _____

Postal Code, City _____

Country _____

E-Mail _____

Student (yes/no)? _____

Date, Place

Signature

Type of payment

I would like to issue IASHA e.V. direct debit authorization (see attached form)

I will transfer the fee to the account of IASHA e.V.

I PayPal: iasha.e.v.donate@gmail.com

As a payment kind we prefer the debit mandate SEPA. We accept of course also the transfer.

For Bank Transfer:

Beneficiary: IASHA e.V.

Keyword: Membership IASHA e.V., and your last name

Account: 0013583583

IBAN: DE19 6805 0101 0013 5835 83

SWIFT-BIC: FRSPDE66XXX, Sparkasse Freiburg

2. Seite Einlage Beitrittserklärung und SEPA Lastschriftmandat

SEPA Direct Debit Mandate Creditor name:
Internationale Akademie der Wissenschaften und Künste e.V.

Creditor address:
Street name and number: Moosbachstrasse 9
Postal code and city: 79256 Buchenbach
Country: Germany

Creditor: DE13ZZZ00001867179

Mandate reference (to be completed by the creditor):
By signing this mandate form, you authorise (A) the creditor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the creditor.
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.

Debtor Data:

Last Name, First Name _____

Street Address _____

Postal Code, City _____

Country _____

IBAN _____

BIC _____

Date, Place

Signature of the debtor