



Declaration of membership Wilson's Disease Organisation Germany (Morbus Wilson e.V.)

I hereby declare my joining as a member of the Morbus Wilson e.V. organisation.

The annual membership fee is currently EUR 40 for individual members and EUR 70 for family memberships, payable by February 1 of the respective year.

Please fill in in block letters or use form fields: *= mandatory field ^= desirable

*Surname:

*First name:

*Date of birth:

*Street/Number:

*Postal code/Town:

*Country :

*Phone/Fax:

^E-Mail:

Why do I want to join the Morbus Wilson e. V.?

- ☐ I am a Wilson's disease patient
☐ I am a relative of Wilson's disease patient
☐ Other:

I hereby confirm that I do not work for a pharmaceutical company: ☐



MORBUS WILSON e.V.

**Declaration of membership Wilson's Disease Organisation Germany
(Morbus Wilson e.V.)**

How did you hear about Morbus Wilson e. V.:

Morbus Wilson e.V. stores my personal data exclusively for statutory purposes, in particular to facilitate membership administration. The collection, processing and use of the data is carried out in compliance with the GDPR and the current version of the Federal Data Protection Act. The data will not be passed on to third parties outside Morbus Wilson e.V.

I agree to the disclosure of my name and address to other members of the Morbus Wilson e.V. organisation solely for the fulfilment of statutory purposes: ☐ yes ☐ no

I agree that this information may be stored for the duration of my membership in order to pursue the statutory purposes of the organisation's self-help activities.
I can revoke this consent to the organisation at any time.

*Location/Date:

*Signature:

Please print out the declaration of membership, sign it and send it to

Morbus Wilson e.V., Seefeldstraße 28a, 97273 Kürnach

Or send the digitally signed declaration of membership to info@morbus-wilson.de.

SEPA Direct Debit Mandate

for SEPA Core Direct Debit Scheme

Name and address of the payee (creditor)

Morbus Wilson e. V.
Seefeldstraße 28a
97273 Kürnach

Recurrent Payments

[Creditor identification number (CI/Creditor Identifier)]

DE20ZZZ00000452696

[Mandate reference - **will be communicated to you by the cashier**]

SEPA Core Direct Debit Mandate

We/I authorise

[Name of the payee]

Morbus Wilson e. V. Seefeldstraße 28a 97273 Kürnach

to collect payments from my/our account by direct debit. At the same time, I/we instruct my/our bank to honour the direct debits drawn by the

[Name of the payee]

Morbus Wilson e. V. Seefeldstraße 28a 97273 Kürnach

on my/our account.

Note: In the year of joining, the contribution due will be collected on the 1st business day of the month following the month after joining and in future on the 1st business day of the due month determined by the General Meeting.

The application was made for

☐ Individual membership (contribution € 40)

☐ Family membership (contribution € 70)

Note: I/we can request a refund of the amount debited within eight weeks of the date on which the amount was debited. The conditions agreed with my/our bank shall apply.

[Account holder/payer (first name, surname, street, house number, postcode, town/city)]

[Bank]

[IBAN]

[BIC¹]

¹ Note: From 1 February 2014, the BIC may be omitted if the IBAN begins with DE.

Location/Date:

Signature (Payer):

The association is registered at the Potsdam District Court (VR 8947 P).

Copy for the payee

SEPA Direct Debit Mandate

for SEPA Core Direct Debit Scheme

Name and address of the payee (creditor)

Morbus Wilson e. V.
Seefeldstraße 28a
97273 Kürnach

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Location/Date:

Signature (Payer):

The association is registered at the Potsdam District Court (VR 8947 P).

Copy for the debtor