

To
Ehemaligen-Vereinigung des Europa-Instituts /
Alumni Association of the Europa-Institut
Rechtswissenschaft EVER e.V.
Europa-Institut der Universität des Saarlandes
z. Hd. Frau Claudia Schäffner / FAO Ms. Claudia Schäffner
Postfach 15 11 50 / P.O. Box 15 11 50
D- 66041 Saarbrücken
Fax: +49(0)681/302-4369

Application for Membership

(Please complete in block capitals)

Year of study at the EI

Correspondence Address

Home Address

Name

Street

Postcode / Town

Country

Telephone

Fax

E-Mail

Name

Street

Postcode / Town

Country

Telephone

Fax

E-Mail

I hereby apply for membership of the Alumni Association of the Europa-Institut, Law Department (EVER e.V.). The yearly membership fee currently amounts to 25 EUR. The first year of membership after having completed the masters program is free of charge. Thereafter, the fee shall be

debited directly from my current account.

paid for by credit card.

I agree to the hereby provided information being saved in the EVER membership database which is password protected and only accessible by authorized persons.
The Data Protection Information in accordance with Art. 13 GDPR (General Data Protection Regulation) are accessible under: <https://europainstitut.de/en/alumni/data-protection-information>

Place / Date

Signature



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Passport Photo

Questionnaire for EVER Members

This questionnaire allows us to update our membership records, which take the form of a printed version (member's book) and an Internet databank which is password protected and accessible by EVER members exclusively (through the EVER-Intranet).

Please complete the questionnaire in block capitals or by typescript. You may also complete it electronically at <http://europainstitut.de> under the alumni section.

Family name	First name
Title	Nationality
Date of birth	Year of study at the EI
Home address	
Home telephone	Home fax
Personal E-Mail	

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P.T.O

SEPA Lastschriftmandat / SEPA Direct Debit Mandate

EVER e.V.	Name des Zahlungsempfängers / Creditor Name
Postfach 15 11 50 / P.O. Box 15 11 50	Straße und Hausnummer / Street Name and Number
D-66041 Saarbrücken, Germany	Postleitzahl und Ort und Land / Postal Code and City and Country
DE18ZZZ00000877010	Gläubiger-Identifikationsnummer / Creditor Identifier
	Mandatsreferenz (vom Zahlungsempfänger auszufüllen) / Mandate Reference (to be completed by the creditor)

Ich ermächtige den Zahlungsempfänger EVER e.V., Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die vom Zahlungsempfänger EVER e.V. auf mein Konto gezogenen Lastschriften einzulösen.

Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen.

By signing this mandate form, you authorize the creditor EVER e.V. to send instructions to your bank to debit your account in accordance with the instructions from the creditor EVER 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.

Zahlungsart / Type of Payment:
Wiederkehrende Zahlung / Recurrent Payment

	Name des Zahlungspflichtigen (Kontoinhaber) / Debtor Name
	IBAN des Zahlungspflichtigen (max. 35 Stellen) / IBAN of the Debtor (max. 35 characters)
	BIC (8 oder 11 Stellen) / BIC (8 or 11 characters)
	Hinweis: Die Angaben des BIC kann entfallen, wenn die IBAN des Zahlungspflichtigen mit DE beginnt. Note: If the Creditor's IBAN is beginning with DE, the use of the BIC can be omitted.

Ich bin einverstanden, dass die hier von mir gemachten Angaben in der EVER-Mitgliederdatenbank, die passwortgeschützt ist und deren Zugang nur autorisierten Personen gestattet ist, gespeichert werden. Die Datenschutzrechtlichen Informationen nach Art. 13 DSGVO sind unter <https://europainstitut.de/alumni/datenschutzrechtliche-informationen> einsehbar.

	Ort, Datum / Location, Date		Unterschrift des Zahlungspflichtigen (Kontoinhaber) / Signature of the Debtor
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Authorization

SEPA Direct Debit Mandate
Please fill in the attached form.

I hereby authorize the annual EVER e.V. membership fee to be paid for by credit card on the due date. I retain the right to revoke this payment authorization at any time.
Credit card details:

Name of credit card holder	Card number
Security number (these are the last three digits of the number printed on the reverse of your card, underneath the signature strip)	Expiry date

Card type:

VISA MASTERCARD

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Place / Date	Signature
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Please inform us about changes of address and bank details or credit card details as quickly as possible!
For the purpose of updating our database, please provide us with your exact address, telephone and fax number and E-Mail address (both personal and work).
Many thanks!