Pikler Association Europe e.V.

Mauerkircherstraße 11 – D 81679 München kontakt@pikler-verband.org

Membership application form

Application for membership in Pikler Association Europe e.V. as

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			annual fee
O full voting member * * according to charter Article 4 (2 and 3)			EUR(min. 80,00 EUR)
O supporting member			EUR(min. 30,00 EUR)
O supporting organisation			EUR(min. 50,00 EUR)
I agree that this information may be sto passed on to any third party. The organ registration. I acknowledge and agree to	isation's charter v	vas made acce	essible to me upon
Organisation:			
Last name:	First nar	ne:	
Postal code/city	Street na	me	
Date of birth	Professio	n	
Phone	Email		
	Date/		Signature
Pikler Association Europe	e.V., Mauerkirche	rstraße 11, 81	679 München
Creditor-Identifier DE93ZZZ00000136714 Mandate reference			
SEPA-Direct Debit Mandate			
By signing this mandate form, you authorise Pikler Association accordance with the instructions from Pikler Association As part of your rights, you are entitled to a refund from refund must be claimed within 8 weeks starting from the	n Europe e.V n your bank under the te	erms and conditions	of your agreement with your bank. A
Name of debtor, Street name and number, Country, Postal co	ode and city		
Credit institut (name)		Swift BIC	
	l		
	Lo	cation, date/	Signature