



## Membership Application

Name: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby apply for a membership in ROSA e.V. at the beginning of the next month.

I wish to become a

- full member                       sponsoring member (*cannot elect or become elected*)

and to contribute a membership fee of:

- 20€/ year                       8€/ month                       20€/ month

I authorise ROSA e.V. by SEPA direct debit mandate to collect the membership fee quarterly from the following bank account:

Account holder: \_\_\_\_\_

IBAN: \_\_\_\_\_

Otherwise, I will pay the fee on 1 March, 1 July, 1 September and 1 December of each year by bank transfer.

Furthermore, I would like

- to receive the ROSA e.V. newsletter via e-mail.  
 to be added to the ROSA e.V. mailing list to receive information about upcoming events and upcoming tasks.

**ROSA e.V. points out in accordance with § 33 of the German Federal Data Protection Act (Bundesdatenschutzgesetz) that the following data of members are stored, processed and used in automated files for the purpose of member administration and support: Name, birth data, e-mail address, bank account data.**

I acknowledge the statutes of ROSA e.V. and agree to the collection, processing and use of the personal data provided by the association for membership administration by means of electronic data processing. I am aware that the application for membership cannot be granted without this consent.

Withdrawal from the association is possible at any time and must be declared in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Please be aware that in case of SEPA direct debit mandate we need your **original signature** (not digital)!*

State 03.07.21

ROSA e.V.  
Triodos Bank N.V.

Lafontainestraße 19, 06114 Halle (Saale), Germany  
IBAN: DE95 5003 1000 1090 1030 04

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