



**Nepalmed e.V.**  
 c/o Dr. Arne Drews  
 Straße des Friedens 27, D - 04668 Grimma  
 Tel + 49 3437 910329, Fax + 49 3437 910160  
 Volks- und Raiffeisenbank Muldentale eG  
 IBAN: DE67 8609 5484 5000 1667 76, BIC: GENODEF1 GMV  
 E-Mail: info@nepalmed.de, work.nepal@gmx.de  
 Internet: www.nepalmed.de

## Membership Application Form

consisting of page 1 application and 2 consent according to data protection, it is **mandatory to fill in both sides**

I would like to be a member of Nepalmed e.V.

Last Name:	First Name:
Date of birth:	Date of Submission:
Address:	postal code /city:
Phone:	
E-Mail:	

**In order to avoid administrative costs, Nepalmed e.V. strives for communication via e-mail.**

Hereby I acknowledge the constitution of Nepalmed e.V. The valid statute can be sent on request by e-mail and is available at [www.nepalmed.de](http://www.nepalmed.de).  
 By signing this mandate form, you authorise (A) Nepalmed e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Nepalmed 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. Your rights are explained in a statement that you can obtain from your bank.

Creditor Identifier: DE78ZZZ00000751673	
BIC:	<input type="text"/>
IBAN:	<input type="text"/>
annual contribution:.....€	Donation:.....€ annual / monthly
Name creditor	Name of Bank
Date, Signature account holder	

<b>Membership fee annual</b> (state 05 2017)	
student membership (prove student status annually)	15,00 Euro
Member	30,00 Euro
Family member	40,00 Euro
Institutions	100,00 Euro

Mandate reference will be the membership number. Annual fees will be charged at the 1. Monday of the month march. Recurring Fees (like monthly donations with the same value) will be charged at the 1st of each month.



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## **data protection**

**In accordance with the Federal Data Protection Act, it is pointed out that, for the purpose of membership administration, the personal data stated in the membership application, in particular name, address, telephone number, e-mail, bank data, are processed and used in automated files.**

**I/we agree to the collection, processing and use of the personal data provided in the application for membership by Nepalmed e.V. for membership administration by means of electronic data processing.**

**I/we am/are aware that the application for membership cannot be granted without this consent.**

place, date: \_\_\_\_\_

Signature of the person/s concerned: \_\_\_\_\_

### **Rights of the person/s concerned: Information, correction, deletion and blocking, right of objection**

According to § 15 DSGVO you are entitled at any time to ask Nepalmed e.V. for comprehensive **information** about your personal data stored.

According to § 17 DSGVO you can request Nepalmed e.V. to **correct, delete and block** individual personal data at any time.

You can also make use of your **right of objection** at any time without stating reasons and change or completely revoke the declaration of consent with effect for the future. You can send the revocation to Nepalmed e.V. either by post, e-mail or fax. There are no other costs, than the postage costs or the transmission costs according to the existing basic tariffs.