

## Membership Application (European Union)



I hereby file an application for membership with the **Medical Education and Training for Africa e. V.**, short: **met4a e.V.**

The following information are necessary for processing a membership application:

Sex:             Male                     Female                     Other

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street: \_\_\_\_\_ Zip code, City: \_\_\_\_\_

Country: \_\_\_\_\_ Phone nr.: \_\_\_\_\_

e-mail-address: \_\_\_\_\_

Date of Birth (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

With my signature I acknowledge the rules and regulations of the organization as they are stated in the latest version ( [www.met4a.org](http://www.met4a.org) )

I read and understood the attached documents following paragraph 12 to 14 DSGVO( [www.met4a.org](http://www.met4a.org) )

→ \_\_\_\_\_  
**City, Date (Day/Month/Year)**

\_\_\_\_\_  
**Signature**

I consent that my contact information can be used for membership purposes. This includes that my informations are being given to other members of the organisation and project members during missions.

**I'm aware that the consent to the data processing of the previous named information is being given on my own free will and that at any time I can revoke my consent either in part or fully.**

→ \_\_\_\_\_  
**City, Date**

\_\_\_\_\_  
**Signature**

### Consent to the publication of my personal profile (please check):

I consent that my picture and video of my person can be used for projects and other organisational activities in the following media:

- Homepage of Organisation
- Facebook-page of Organisation
- Press releases

I've been advised that the pictures and videos of my person if published on the internet and or social media can be viewed worldwide. It can't be guaranteed that further usage or changes through third parties won't be happening. The consent will last indefinitely if not otherwise revoked. The consent can be revoked in the future. To revoke the consent the revoke document must be provided to the organisation as letter or email.

A complete deletion of images and videos that were previously published on the internet can't be guaranteed by met4a e.V., as third parties could have copied and or changed the content. met4a e.V. can't be made liable for the usage of picture, video and personal information through third parties.

I was further advised that despite revoking my permission for information usage through met4a e.V., the organisation can still use the previous information for public relations.



\_\_\_\_\_  
**City, Date**

\_\_\_\_\_  
**Signature**

**The revoking letter and/ or email is to be send to:**

met4a e.V, Walter-Freitag-Str.1, D-42899 Remscheid, Germany

e-mail: h.kaulhausen@met4a.org

---

**SEPA Direct Debit Scheme (SDD)**

Creditor Identifier, CI: DE 63ZZZ00002148064

Account Number of met4a e.V.:

IBAN DE49 3405 0000 0012 3000 00 ( BIC : WELADEDXXX) Stadtparkasse Remscheid

Reference for wire transfer ( future member number)\_\_\_\_\_

I authorise met4a e.V. to collect periodic (yearly) payments made by direct debit (SDD).

At the same time I authorise my banking institution to process for payment. The payment is due immediately. The amount is 36,00 € yearly.

Note: Within 8 weeks, incipient with charge date, I am able to request the reimbursement of the debited amount .This regulation does apply to the specifications agreed with my bank institution.

Banking

Institution: \_\_\_\_\_ BIC: \_\_\_\_\_

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

Depositor: \_\_\_\_\_



\_\_\_\_\_  
**City, Date**

\_\_\_\_\_  
**Signature of Depositor**

---

The executive board is deciding upon your application within 12 weeks.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Signature of Executive Board Member

**For your information:** [www.met4a.org](http://www.met4a.org)