



Hope and Light e.V.
Rainer Winge
Binauer Weg 6
D-68766 Hockenheim

Declaration of Enrolment

I declare my membership as a member of Hope and Light e.V.

The annual membership contribution is € 24.00.

Last Name		
First Name		
Company Name		
Street / No.		
Postcode / City		
Telephone / Fax		
Email		
Date / Signature		

Membership contributions are debited on the 15th of February of each year. In order for the debiting to be made, we have attached the corresponding *Declaration of Authorisation (SEPA Mandate)*.

Hope and Light e.V. - Public Charity (recognised by Schwetzingen tax office) – Registration: Mannheim District Court No. VR 701888
Email: kontakt@hopeandlight.de; **Internet:** www.hopeandlight.de
Vereinigter VR-Bank Kur- und Rheinpfalz e.G. **IBAN** DE17 5479 0000 0000 0179 30 **BIC** GENODE61SPE

Board of Directors:
Rainer Winge (Chairman), Binauer Weg 6, 68766 Hockenheim / Tel: +49 171/2224486
Kurt Häußermann, Arndtstraße 9, 68766 Hockenheim / Tel: +49 172/7220248
Dr. Christian Kugelmeier, Mittelgewann 14, 68723 Schwetzingen / Tel: +49 170/5512948
Gabriela Leingang, Im Blümel 1, 67354 Römerberg / Tel: +49 171/5345859

Data protection notice

If you do not want to receive any invitations or information from Hope and Light e.V. in the future, please let us know in writing or by email. For information on the handling and processing of personal data by Hope and Light e.V., please refer to our current data protection notice. You can review it at any time at: www.hopeandlight.de/datenschutz.



Declaration of Enrolment

Creditor Identifier: DE50ZZZ00001012040

Mandate Reference: Sponsor/Membership No.: _____

(The Sponsor/Membership number will be provided after the processing of this application)

SEPA Direct Debit Mandate

I authorise Hope and Light e.V. to debit payments from my account by direct debit. At the same time, I am directing my credit institution to pay the direct debits withdrawn by Hope and Light e.V.

Note: I can request a refund of the debited amount within eight weeks from the date of the debit. The terms and conditions agreed with my credit institution apply.

This mandate applies to recurring payments of the annual membership fee on 15th February of each year.

Bank Details / Account Holder	
Last Name	<input type="text"/>
First Name	<input type="text"/>
Street / No.	<input type="text"/> <input type="text"/>
Postcode / City	<input type="text"/> <input type="text"/>
Name of Credit Institution	<input type="text"/>
IBAN	<input type="text"/>
Date / Signature	<input type="text"/> <input type="text"/>
