



Please complete this form, sign it and send it by letter or fax +49 7233 7043 110 to the

GESELLSCHAFT ZUR FÖRDERUNG DER KREBSTHERAPIE e.V.

GESELLSCHAFT ZUR FÖRDERUNG
DER KREBSTHERAPIE e.V.
Allmendstr. 55
75223 Niefern-Öschelbronn
Germany

Application for Membership

According to the notice of the Mühlacker tax office dated 21.08.2023, St.Nr. 48050/60484, the company is recognised **as a non-profit organisation and serving scientific purposes** in accordance with § 5 para. 1 no. 9 KStG. **Donations are tax deductible** as special expenses or business expenses according to § 10b EStG. For corporations, § 9 KStG applies accordingly.

I hereby apply for membership in the GESELLSCHAFT ZUR FÖRDERUNG DER KREBSTHERAPIE e.V. Allmendstr. 55 75223 Niefern-Öschelbronn Germany

My voluntary financial contribution amounts to _____ Euro per year.

Family Name / First Name / Degree _____ Date of birth _____

Street _____ ZIP Code / Town _____

Country _____

Telephone* _____ E-Mail* _____

* **This information is voluntary.** They serve to ease communication with you. By providing your e-mail address, you agree that we may also send you information of our association by e-mail. A revocation is possible at any time and without reason in writing by post or fax.

All other information is mandatory. They are necessary for member support and for the pursuit of our association's goals. This includes the mailing of donation receipts, association information such as letters to members, requests for donations, invitations to the general meeting and association events and our annual journal "Akzente", which we publish together with the Clinic and Anthromed Öschelbronn.

Further details on data protection, in particular information on your rights in this regard, can be found on our enclosed data protection declaration, as well as on our website www.carus-institut.de/index.php?ID=150 under data protection declaration.

I will transfer the first annual membership fee immediately upon receipt of the membership confirmation and the subsequent fees in February of each year of my membership to the following account:

Sparkasse Pforzheim Calw · IBAN DE86 6665 0085 0000 8464 30 · BIC PZHSDE66XXX

SEPA-Direct Debit Mandate Form

Creditor identification number: DE84ZZZ00000253373

I authorise the GESELLSCHAFT ZUR FÖRDERUNG DER KREBSTHERAPIE e.V. to collect payments from my account by direct debit. At the same time, I instruct my credit institution to honour the direct debits drawn on my account by the GESELLSCHAFT ZUR FÖRDERUNG DER KREBSTHERAPIE e.V. The membership contribution will be collected in February of each year.

Please be advised: I may request a refund of the debited amount within 8 weeks, beginning with the date of debit. The conditions agreed with my bank apply. I can revoke this direct debit authorisation at any time and without giving reasons in writing by post or fax.

Account owner _____

Account number (IBAN) _____ BIC _____

Place / Date _____ Signature _____

**The GESELLSCHAFT ZUR FÖRDERUNG DER KREBSTHERAPIE e.V.
would like to thank all members, donors, and sponsors for their support!**