



Zentrum Deutschland

## I will become a member!

l,
Name:
First name:
Occupation/profession:
(Please select the name to be mentioned on the international ITI card.)
Street/house no.:
Postcode/place of residence:
E-mail:
apply for membership in the Federal Republic of Germany Centre of the International Theatre Institute e.V. (ITI) and with my signature I accept its statutes as binding.
Theatre institute e.v. (111) and with my signature raccept its statutes as binding.
Place, date, signature:
. 1000, 1000, 509
My annual membership fee according to the decision of the Members' Meeting is as follows
□ 70, EURO
50, EURO (reduction on annual application to the office)
□ 30, EURO (reduction for students)
Below, you will find the SEPA Direct Debit Mandate. Please send this and your short biography (max. 1 page) to

ITI Germany, Mariannenplatz 2, 10997 Berlin or info@iti-germany.de

I agree to the storage, transmission, and processing of personal data for association purposes, in accordance with the provisions of the Data Protection Act. I have the right to obtain information about this data from the ITI at any time. I agree to the use of pictures exclusively in connection with activities of the association.



Zentrum Deutschland

## Authorisation to collect receivables by direct debit

from	
Name:	
Street:	
Location:	
E-mail:	
for	
Zentrum Bundesrepublik Deutschland des Internationalen Theaterinstituts e. V Mariannenplatz 2 10997 Berlin	V.
I/we hereby revocably authorize you to	·
Oregular fee	reduced tee  (on annual application to the office or for students)
from my/our account by direct debit.	
The amount will be collected in Februar non-redemption they will be charged to	ry/March of the year. Should fees arise due to comy/our account.
IBAN	
BIC	
Bank:	
Reference: Mitgliedsbeitrag	
Name account holder:	

Date, signature