



Zentrum Deutschland

We will become corporative member!

we are,
Name of the institution:
will be represented by:
Occupation/profession:
(Please select the name to be mentioned on the international ITI card.)
Street/house no.:
Postcode/place of residence:
E-mail:
Telephone:
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.
Place, date, signature:
Our annual membership fee according to the decision of the board and the CEO of ITI is as follows:
O ,00 EURO

Below, you will find the SEPA Direct Debit Mandate. Please send this and a short summary about your institution (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 of the instit	ution: .								•••••								
Street:																	
Location:				•••••			•••••										
E-mail / accounts	departr	nent	:														
for																	
Zentrum Bundesre des Internationale Mariannenplatz 2 10997 Berlin	•																
We hereby revoca	bly aut	horiz	e yo	u to	coll	ect	the a	nnua	al me	emb	ersh	ip fe	e.				
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Date, signature