



Declaration of Enrolment

Herewith I request the membership of ISB Support e.V., Bremen, Germany:

First Name/Last Name: _____

or Company/Organization: _____

Street: _____ No.: _____

Postcode: _____ Town: _____

E-Mail-Address: _____

Annual Membership Fee: _____ EUR.

Place, Date: _____ Signature: _____

SEPA Direct Debiting Mandate

Herewith I authorise the ISB Support e.V. (Creditor ID: DE 12ISB00002409912) in the case of enrolment and for the duration of my membership my membership fee to take from my account (mentioned below). At the same time I instruct my bank to honour to accept the debit advice from the ISB Support e.V.

Bank: _____ Owner of the Account: _____

BIC: _____ IBAN: _____

Place, Date: _____ Signature: _____

Membership Fees:

Singles: 120.00 EUR annually to be paid monthly/quarterly/annually (please mark)

Families: 240.00 EUR annually to be paid monthly/quarterly/annually (please mark)

Companies: 1.200,00 EUR annually to be paid monthly/quarterly/annually (please mark)

ISB Support e.V., Badgasteiner Straße 11, 28359 Bremen, Germany.

Creditor ID: DE12ISB00002409912