



**Declaration of membership to
Förderverein der Hochschule Rhein-Waal -
Campus Cleve e.V.**

(Company) name: _____

Street: _____

Postcode / City: _____

Phone: _____

E-Mail: _____ @ _____

For company membership:

Contact person in the company:

Surname: _____ First name: _____

Function: _____

- I would like to become a Company membership per location (€ 120.00 / year)
 Personal membership for one person (€ 60.00 / year)
 Student membership for one person (free of charge)

I / we agree to the processing and saving of my data for the purpose of managing my membership of Förderverein der Hochschule Rhein-Waal – Campus Cleve e.V.

Place, Date: _____ Signature: _____

**SEPA debit mandate
(Does not apply to student membership;
Membership only legally valid with fully completed
and signed direct debit authorisation)**

IBAN: _____ BIC: _____

BANK: _____ Owner: _____

Place, Date: _____ Signature: _____