

Membership Application/Authorization for Direct Debit

International B. Traven Society (registered association)

Nostitzstr. 36, 10961 Berlin, Germany, Tel/Fax: + 49 - (0) 30 - 21 99 77 93

Membership Application

I would like to become a member of the International B. Traven Society.

Surname:

First name:

Employment:

Telephone/Fax:

E-mail:

Street address:

City:

Country:

Date:

Signature:

Annual dues are €20.00 for students and unemployed individuals, €35.00 for employed individuals, and €70.00 for institutions and patrons. Dues are payable on February 1 of each year.

Bank information: Postbank Berlin (bank routing code: 100 100 10), account no. 470 661 103

Authorization for Direct Debit

I hereby authorize the B. Traven Society (registered association) Berlin, to directly debit my account no. _____ at (exact name of bank) _____, bank routing code: _____, for payment of annual dues in the amount of €_____.

Should the account balance not cover the required sum, the credit institute shall not be obligated to effect payment.

This direct debit authorization may be withdrawn at any time.

First name:

City:

Date:

Signature: