

Membership Application Form - Pink Cloud e. V.

Application for Admission to Pink Cloud e. V.,

Georg-Schwarz-Str. 63, 04179 Leipzig,
info@pinkcloudkollektiv.org,
<https://pinkcloudkollektiv.org/>



With this application, you can become a member of Pink Cloud e. V. and support our non-profit work for safer, alcohol-free and more inclusive spaces. Please fill out all relevant fields completely.

Personal Information

Last Name: _____ First Name: _____

Date of Birth: _____ E-Mail: _____

Street and House Number: _____

Postal Code / City _____

Mitgliedschaft:

I apply for membership in Pink Cloud e. V. as:

Ordinary Member

Ordinary members have the right to submit motions and vote in the General Assembly and actively participate in the association's work in the following areas (please select at least one)

(*Active participation means regular involvement, for example by contributing to events, meetings or projects. The scope of participation will be agreed upon together in a realistic manner.)

- ☐ Photography / Videography / Documentation
- ☐ Technical Support / Sound & Lighting
- ☐ Admission
- ☐ Bar / Catering
- ☐ Organizational Tasks / Event Planning
- ☐ Other: _____

Supporting Member

Supporting Members have the right to speak in the General Assembly and support the association by paying the membership fee.

**With my signature, I acknowledge the association's statutes and contribution regulations.
I commit to supporting the association's objectives and contributing respectfully to club life.**

Place

Date

Signature

Membership Fees:

I choose the following dues option:

- ☐ Basic Fees: 2€ per month
- ☐ Standard Fees: 5€ per month
- ☐ Supporting Fees: 10€ per month
- ☐ Voluntary Higher Fees: _____ € per month

By signing, I also consent to the collection, electronic processing, and use of my personal data for the purpose of member administration and for association-related purposes (e.g., invitations to general meetings).

The collected data will not be passed on to third parties.

This consent is voluntary and may be revoked at any time with future effect.

In the event of revocation, the data will be deleted unless legal retention requirements prevent this.

- ☐ I consent to receiving the newsletter.
Registration takes place using the double opt-in procedure.
I may revoke this consent at any time.

- ☐ I will transfer the membership fees to the following GLS account:

Purpose: Membership Dues Pink Cloud e.V.

Account Holder: Pink Cloud e.V.

IBAN: DE78430609671372058400

BIC: GENODEM1GLS

or

- ☐ I authorize Pink Cloud e.V. to collect payments from my account via SEPA direct debit:
(Please complete the SEPA direct debit mandate for the membership dues)

Please send the completed and signed membership application preferably electronically to:

info@pinkcloudkollektiv.org

or by post to:

Pink Cloud e.V., Georg-Schwarz-Str. 63, 04179 Leipzig

Place, Date

Signature

I authorize Pink Cloud e.V. to collect payments from my account via SEPA Direct Debit:

SEPA Direct Debit Mandate for the Membership Fee

Creditor: Pink Cloud e. V.
Address: Georg-Schwarz-Straße 63, 04179 Leipzig
Creditor Identifier: DE40ZZZ00002860070
Mandate Reference: _____
(to be completed by Pink Cloud e.V., usually the membership number)

I authorize Pink Cloud e.V. to collect the selected membership fee from my account by SEPA Direct Debit in accordance with the specified payment period.

At the same time, I instruct my bank to honor the direct debits drawn by Pink Cloud e.V. from my account.

The membership fee is due monthly on the 1st of each month.

I may request a refund of the debited amount within eight weeks, starting from the debit date.
The terms and conditions agreed with my bank apply.

Account Holder: _____

Name, First Name: _____

Street, Postal Code, City: _____

Bank: _____

IBAN: _____

BIC: _____

The pre-notification will be sent at least 5 days before the first collection by email.

Place, Date

Signature

Signature Creditor

(Only to be completed if SEPA Direct Debit has been selected.)