Membership Application - Kawsay Alliance e.V.

I would like to become a voluntary member of Kawsay Alliance e.V.

Personal Information

First Name: _____

Last Name: _____

Street Address: _____

Postal Code / City: _____

Country: _____

Email: _____

Phone (optional): _____

Membership Fee (voluntary contribution)

I would like to contribute the following annual membership fee (please tick):

[ ] EUR 30 / year

[ ] EUR 60 / year

[ ] EUR 120 / year

[ ] Other amount: EUR _____ / year

Bank Transfer Details

Please transfer your contribution to:

Kawsay Alliance e.V.

IBAN: _____

BIC: _____

[ ] I would like to receive a donation receipt.

Consent

[ ] I agree that Kawsay Alliance e.V. may store my data for the purpose of processing my membership in accordance with the Privacy Policy.

Place / Date / Signature: _____