Application for Membership in African Hope e.V. (confidential)

Family name	**First Name**	**Mr./Mrs.**
Address	**Telephone-No.**	
Date of Birth (optional)	**Religion**	
Profession		
	X	
Date	**Signature of Applicant**	

I wish to donate

EUR/Month.....

to support the work of African Hope e.V.

Payment term: ‘ monthly ‘ quaterly ‘ annually

Please mark with a cross

‘ **Direct Debit Order**

I herewith grant African Hope e.V. to debit my account for the agreed membership fee as due from

Account No.....Bankgiro-No.....

at the .....

(Name of Bank/ Financial Institute for your account)

‘ **Self-Payer**

I transfer the membership fees onto the account of African Hope

African Hope e.V. Stuttgart

Commerzbank AG

Account N°. 5464417 00 ***Bankgiro-N° 600 400 71***

IBAN: DE63 6004 0071 0546 4417 00 ***BIC : COBADEFFXXX***

Place, Date **Unterschrift**

Application for Membership of African Hope e.V. for married couples (confidential)

	Husband	Wife
Name		
Address **Tel No.**		
Date of Birth (optional)		
Profession		

X

Place, date Signature (one only)

I would like to donate one time

EUR…..... in bar / cheque

to support the work of African Hope e.V.

X

Place, date Signature

I wish to donate annually

EUR.....

to support the work of African Hope e.V.

X

Place, Date Signature