

Membership Form Study Association Watt

Title	Sir/Madam	<i>(cross out what does not apply)</i>
Student Number		<i>(leave empty if unknown)</i>
Initials		
First Name		
Other Names		
Last Name		
Date of Birth	____ - ____ - ____	<i>(DD-MM-YYYY)</i>
Street + number		
Zip code + city		
Country		
Email address		
Phone number		
Study		
IBAN		
Bank		
Date and place of signing	____ - ____ - ____ in ____	<i>(DD-MM-YYYY)</i>

OPTIONAL: I hereby authorize Study Association Watt to automatically collect the owed amount from the above bank account. The amount owed will be determined by the POS system present near the consumptions.

YES / NO

(cross out what does not apply)

By signing this document you authorize Study Association Watt to send continuous collection assignments to your bank, to transfer an amount from your account for contribution, consumptions (if indicated above), participation fees for activities and bought merchandise. You also authorize your bank to deduct this amount from your account in association with the collection assignment by Study Association Watt.

By signing this document, I confirm that I filled this form truthfully and that I agree to the statutes, the internal rules and the privacy policy of Study Association Watt..

Signature:

If you disagree with the amortization, you can have it reversed. Please contact your bank within 8 weeks to do this. Ask your bank for the conditions.