

# friends of the Keller Theatre e.V.

Bleichstraße 28, 35390 Gießen

Membership form

I/we hereby apply for membership in the association "**friends of the Keller Theatre e.V.**" By signing, I/we also acknowledge the statutes<sup>1)</sup> in their currently valid form.

Last name<sup>2)</sup>:

First name(s)<sup>2)</sup>:

Date of birth<sup>2)</sup>:

Street, No.<sup>2)</sup>:

Post code<sup>2)</sup>:

City / town<sup>2)</sup>:

E-Mail:

Phone:

Recruited by<sup>3)</sup>:

<sup>1)</sup> look at <https://keller-theatre.de/Downloads/Satzung-neu.pdf>

<sup>2)</sup> = compulsory

<sup>3)</sup> Members recruit new members and receive two free tickets to a Keller Theatre show of their choice.

**I am interested in:** (Please check the relevant box)

- |  |  |  |                                 |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Acting              | <input type="checkbox"/> Directing     | <input type="checkbox"/> Stage management    | <input type="checkbox"/> Music  |
| <input type="checkbox"/> Set design          | <input type="checkbox"/> Light & sound | <input type="checkbox"/> Sewing work         | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Board work          | <input type="checkbox"/> Press work    | <input type="checkbox"/> Social media design |                                 |
| <input type="checkbox"/> Poster/Flyer design | <input type="checkbox"/> Web design    | <input type="checkbox"/> Front-of-house help |                                 |

**Annual membership contribution:** (Please check the relevant box)

- School child<sup>4)</sup> / Student / Disabled € 15,--
- Adult € 30,--
- Family (includes children under 18 years) € 50,--
- I would like to become a supporting member with an additional annual contribution of €

I/we hereby declare/agree that in the future "**friends of the Keller Theatre e.V.**" may send me/us information about current club activities.

Consent can be withdrawn at any time by sending an email to [info@keller-theatre.de](mailto:info@keller-theatre.de).

,   
Place Date

Signature(s)<sup>5)</sup>

<sup>4)</sup> Minimum age 12 years.

<sup>5)</sup> For minors, the signature of a parent or guardian is also required.

Please send the printed, completed and signed forms (membership form + attached direct debit authorization) to the following address:

**friends of the Keller Theatre e.V.**  
**Bleichstraße 28**  
**35390 Gießen**

# friends of the Keller Theatre e.V.

Bleichstraße 28, 35390 Gießen

Membership form

## SEPA-Lastschriftmandat / SEPA Direct Debit Mandate

Gläubiger-Identifikationsnummer / Creditor identifier: **DE22ZZZ00000410853**

Mandatsreferenz / Mandate reference<sup>1)</sup>:

<sup>1)</sup> vom Zahlungsempfänger auszufüllen / to be completed by the creditor

Der Verein „**friends of the Keller Theatre e.V.**“ wird ermächtigt Zahlungen von meinem/unserem Konto mittels Lastschrift einzuziehen. Zugleich weise/n ich/wir mein/unser Kreditinstitut an, die von dem Verein „**friends of the Keller Theatre e.V.**“ auf mein/unser Konto gezogenen Lastschriften einzulösen.

The association "**friends of the Keller Theatre e.V.**" is authorized to collect payments from my/our account by direct debit. At the same time, I/we instruct my/our bank to honour the direct debit drawn on my/our account by the association "**friends of the Keller Theatre e.V.**".

**Hinweis:** Die Erstattung des belasteten Betrages kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, verlangt werden. Es gelten dabei die mit meinem/unserem Kreditinstitut vereinbarten Bedingungen.

**Note:** A refund of the debited amount can be requested within eight weeks of the debit date. The terms and conditions agreed upon with my/our bank apply.

### Kontoinhaber / Account holder:

Vor- und Nachname / First and last name

Straße und Hausnummer / Street and number

Postleitzahl, Ort / Post code, city

IBAN

BIC (8 oder 11 stellen / 8 or 11 characters)

Ort / Place

Datum / Date

---

Unterschrift des Kontoinhabers / Signature of account holder