

Membership application

Please fill out and sign this application and the direct debit authorization and send it back to us by email or post. Your data will be treated confidentially.

I/we hereby apply for admission to the Hamburg Music Business Association / Interessengemeinschaft Hamburger Musikwirtschaft e.V.

Name: (exact designation with legal form)													
Company address:													
Billing address: (if different)													
Managing director:													
Further contact persons:													
Phone:													
Email:													
Homepage:													
Fields of activity (please mark, multiple answers are possible):	<table> <tr> <td><input type="checkbox"/> Educational</td> <td><input type="checkbox"/> Law firm / tax consultancy</td> </tr> <tr> <td><input type="checkbox"/> Concerts/Booking</td> <td><input type="checkbox"/> Other services</td> </tr> <tr> <td><input type="checkbox"/> Label</td> <td><input type="checkbox"/> Venue</td> </tr> <tr> <td><input type="checkbox"/> Management/Consulting</td> <td><input type="checkbox"/> Event technology</td> </tr> <tr> <td><input type="checkbox"/> Media</td> <td><input type="checkbox"/> Publishing</td> </tr> <tr> <td><input type="checkbox"/> Music & media production</td> <td><input type="checkbox"/> Distribution</td> </tr> </table>	<input type="checkbox"/> Educational	<input type="checkbox"/> Law firm / tax consultancy	<input type="checkbox"/> Concerts/Booking	<input type="checkbox"/> Other services	<input type="checkbox"/> Label	<input type="checkbox"/> Venue	<input type="checkbox"/> Management/Consulting	<input type="checkbox"/> Event technology	<input type="checkbox"/> Media	<input type="checkbox"/> Publishing	<input type="checkbox"/> Music & media production	<input type="checkbox"/> Distribution
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<input type="checkbox"/> Music & media production	<input type="checkbox"/> Distribution												
Number of employees:													
Type of membership: (according to §4 Mitglieder)	<input type="checkbox"/> Ordinary member <input type="checkbox"/> Associate member <input type="checkbox"/> Sponsoring member												

I hereby confirm that I would like to become a member of the Interessengemeinschaft Hamburger Musikwirtschaft e.V. and actively support the purpose of the association. I am familiar with the fee schedule (§10) and the statutes.

.....
Location, date

.....
Signature

Creditor Identification Number: DE24ZZZ00000816471
Mandate reference number: ____ (is filled out by the association)

Granting of SEPA Direct Debit Mandate

Recurring payments

I authorize/ We authorize the Interessengemeinschaft Hamburger Musikwirtschaft e.V. to collect payments from my/our account by direct debit. At the same time, I/we instruct my/our credit institute to redeem the direct debits drawn by the Interessengemeinschaft Hamburger Musikwirtschaft e.V. to my/our account.

Please note: I/we can demand reimbursement of the amount debited within eight weeks, beginning with the date of debit. The conditions agreed upon with my/our credit institute apply.

First name and surname (account holder)

Address line 1

Address line 2

Credit institute

BIC

IBAN

Location, date, and signature