

## 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 Hamburg Music Business e.V.

<b>Name</b> (exact designation with legal form)	
<b>Company address</b>	
<b>Billing address</b> (if different)	
<b>Managing director</b>	
<b>Further contact persons</b>	
<b>Phone</b>	
<b>E-Mail</b>	

<b>Homepage</b>		
<b>Fields of activity</b> (please mark, multiple answers are possible)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Educational</li> <li><input type="checkbox"/> Concerts/Booking</li> <li><input type="checkbox"/> Label</li> <li><input type="checkbox"/> Management/Consulting</li> <li><input type="checkbox"/> Media</li> <li><input type="checkbox"/> Music &amp; Mediaproducti- on</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Law firm / tax consul- tancy</li> <li><input type="checkbox"/> Other services</li> <li><input type="checkbox"/> Venue</li> <li><input type="checkbox"/> Event technology</li> <li><input type="checkbox"/> Publishing</li> <li><input type="checkbox"/> Distribution</li> </ul>
<b>Number of employees</b>		
<b>Type of membership</b> (according to §4 Mitglieder)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ordinary member</li> <li><input type="checkbox"/> Associate member</li> <li><input type="checkbox"/> Sponsoring member</li> </ul>	

I hereby confirm that I would like to become a member of Hamburg Music Business 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 Hamburg Music Business 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 Hamburg Music Business 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.

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First name and surname (account holder)

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Address line 1

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Address line 2

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Credit institute

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BIC

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IBAN

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Location, date, and signature