Hamburg Music Business e.V. | Neuer Pferdemarkt 1 | 20359 Hamburg

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.

Name (exact designation with legal form)	
Company address	
Billing address (if different)	
Managing director	
Further contact persons	
Phone	
E-Mail	
E-Mail address for invoicing (if different)	

Homepage		
***Fields of activity** (please mark, multiple answers are possible)	○ Educational ○ Concerts/Booking ○ Label ○ Management/Consulting ○ Media ○ Music & Mediaproduction	○ Law firm / tax consultancy ○ Other services ○ Venue ○ Event technology ○ Publishing ○ Distribution
Number of full-time equivalents (The calculation of full-time equivalents includes all employees at the Hamburg location as well as active partners/shareholders. Freelancers are not taken into account.)		
Type of membership (according to §4 Mitglieder)	○ Ordinary member ○ Associate member ○ Sponsoring member	

Note on Fields of activity:

This information is used to present your company on our website and enables searches using filter functions. Please select the sectors in which your company is primarily or regularly active.

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.

_____
First name and surname (account holder)

_____
Address line 1

_____
Address line 2

_____
Credit institute

_____
BIC

_____
IBAN

_____
Location, date, and signature