

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	

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: DE24ZZZ000000816471

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